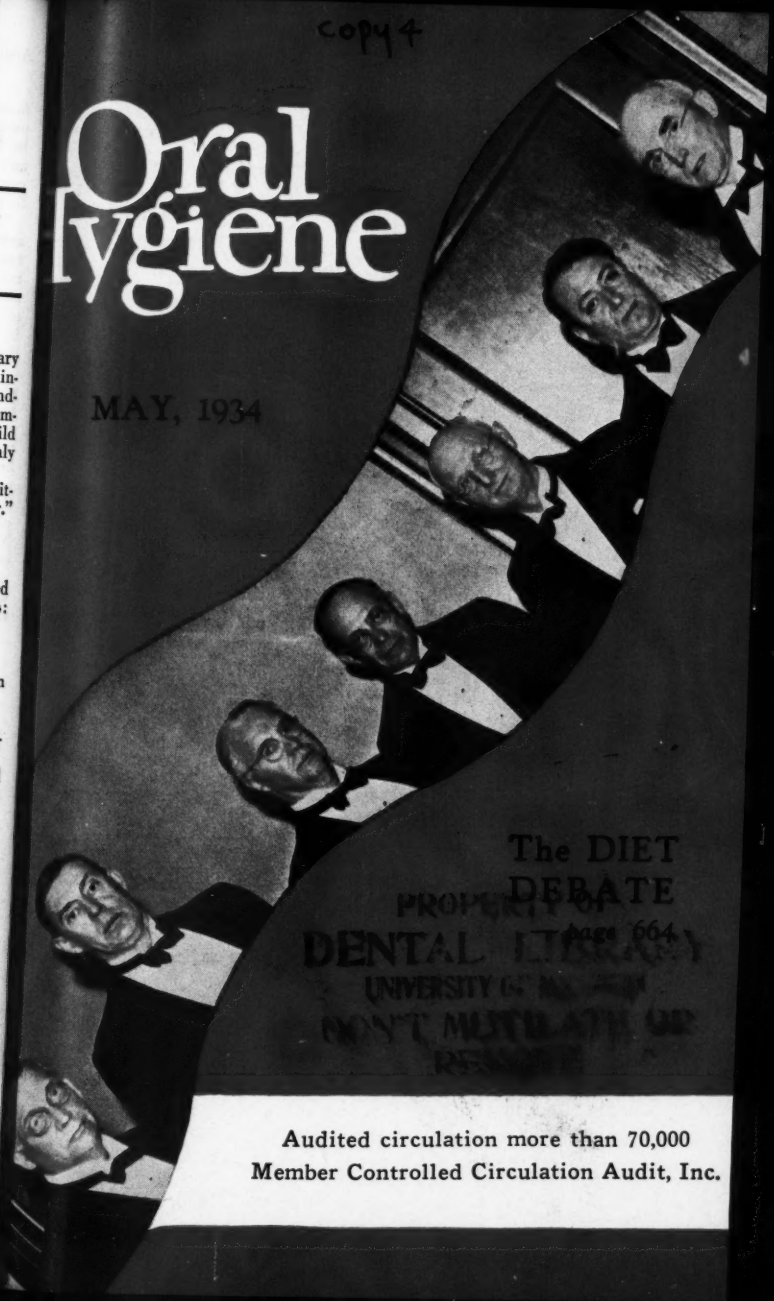
Oral Hygiene

MAY, 1934



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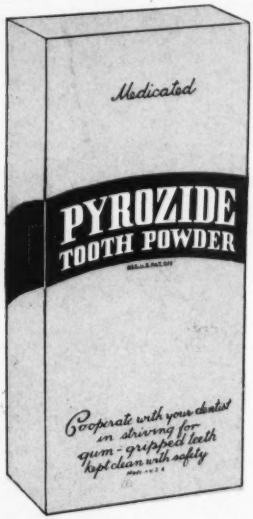

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THE

Publisher's

No. 154

CORNER

(The guest-conductor of the CORNER *this month is Dr. Wallace C. Campbell, of Sunman, Indiana. This is Dr. Campbell's second* CORNER *and the old man is glad to step out of his nook for 30 days so that the Doctor's swell contribution may be printed.—Mass)*

THE other day, moved by that passion for neatness and order (perhaps an inheritance from generations of housekeeping maternal ancestors) which sometimes seizes even the most indolent of male humans, I decided to clean and rearrange the contents of several bookshelves.

The work proceeded slowly for there, in pleasant, dusty confusion, sandwiched between old catalogs and larger magazines, I found coyly hiding, like violets in a rhubarb patch, singly and in groups, dainty little ORAL HYGIENES. Their covers reflected every hue of the rainbow—memory tokens of years gone by.

Quite a number of years represented there: 1917 and 1918, years of a world's madness, of anxiety, horror and grief, and the end of a ghastly war which but for man's selfish greed and stupid vanity would have known no beginning. 1919 and 1920—silk shirts, prohibition—surgical procedures for rendering less hideous human faces with features obliterated, torn away by shell fragments, but, sadly enough, no method to prevent the firing of the guns which maim and destroy the bodies of youth.

And so on up through the years of business recovery. Trench mouth, removable bridges, farm distress, anatomical articulators, racketeering, Akers' technic, bathtub gin, ocean flying, dental economics, oil scandals, crooners, $300 postgraduate full denture courses, the new Ford, elastic impression compounds, stock gambling, wax expansion, crashing markets, expanding casting investments, contracting incomes, Panel dentistry, the Forgotten Man, the New Deal,

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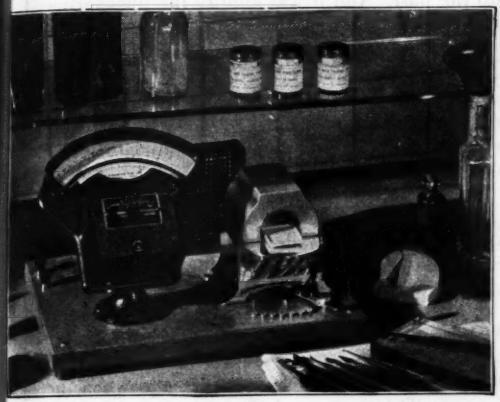

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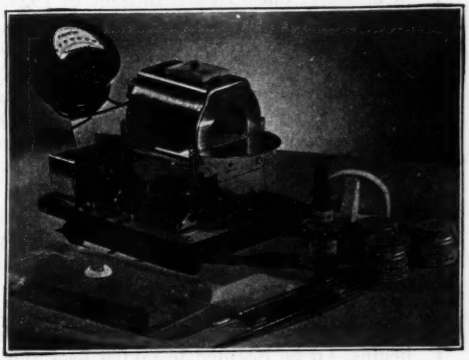

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NRA—and here we are in 1934 again. Here we are, returned by the same tide of recollection that swept us sixteen years back into the past. And it was simply the uncovering of some old ORAL HYGIENES that loosed the flood.

In contemplating these fair specimens from dentistry's garden of thought, it is comforting to realize that through all the vicissitudes and changes of a decidedly strenuous period, a sturdy parent stalk continued serenely to put forth its monthly yield of gaily tinted blossoms, scattering them to the four corners of the earth.

More than that, some time ago a new petal, less formal in pattern than that of its mates, appeared on each small bloom. Invitingly cupped, it made a friendly nook where busy, seeking minds of men might pause for a few minutes of rest and relaxation. It was called the CORNER. Being much given to pausing and heartily in favor of rest and relaxation, I have, quite naturally, become a regular CORNER-customer.

It must have been about six or seven years ago when the first one came out. This is a good chance to reread some of the early ones. Here's an issue of 1927—but none there! How about this 1928 number? What, no CORNER! And this richly colored October 1930 issue, with the handsome setter and pups on the cover. Surely it has one. Ah yes indeed! That one on contentment—looking through a dingy brick wall in Pittsburgh into the gold-spotted depths of a California mountain forest. Tread lightly here; it is hallowed ground. We'll take a peek at it and tiptoe softly away.

Number 111, that should mean quite a number of years back to the first one (business of mental arithmetic) more than nine years. What's wrong with this picture? I'm sure there were no CORNERS back in 1921 and 1922. No, there were none.

Wait—it's all clear now. Well of all the bare-faced—tsk, tsk—chalking up a score of 100 before the count even begins. I'd be justified in taking back those nice things I've been saying. But, why be harsh? After all it's rather a common practice—just a way of stimulating a faltering ego. Psychologists would no doubt place the blame for such behavior on the well-worn old I.Q. But that should worry no one.

I have a recollection from long ago of the first check on a new bank account bravely sailing out into the broad channels of commerce bearing the number 301. And who

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is there to say that the small deception did not give to both the little dollar-sixty-five-cent check and its maker a measure of confidence and authority?

And now this March, 1931, CORNER which begins with a formidable looking sentence, said to be taken from the Spanish edition of O.H. All right, Patsy! Quit your growling and stop bumping me with your nose. I heard the whistle blow. Fetch me that other rubber over there while I get my hat and coat. And don't bite any new holes in it either.

Thus passed the first allotment of time dedicated to the task of straightening up the bookshelves.

. . .

It's the one opening with the Spanish quotation that reminds me to ask for something long desired—a copy of Spanish O.H. containing a "funny" CORNER. "Why funny?" you ask in a tone of suspicion. But there is no ulterior motive back of this simple request. I only want to see if I can follow the delicate twist and curl of phrase in American-style humor after it has been translated into Castillian.

My own knowledge of Spanish is somewhat like that of a jovial official of the Pullman Company in Mexico, who, in answer to my question, replied with much evidence of complacent pride that his ability to handle the language was (quoting his exact words) "sufficiente para hacer negocios en todas las cantinas." Which, after all, was an accomplishment of definitely practical value.

If the weather doesn't get too warm I may get back to those bookshelves some day next week. I guess I'd better be signing off now; there's a cardinal whistling in the grape arbor—he may be lonesome; and there's a man spading in the garden plot next door—he may be needing expert advice. . . .

(Let Wallace Campbell number his checks as he pleases—this department isn't guilty! The first chapter appeared nearly thirteen years ago, in the July, 1921 issue—so "No. 154" is all square with the world. In the early years, though, it was printed only in the trade edition. It first appeared in all editions with the January, 1929, issue, and closed with a threat and a suggestion: "God-willing, each month I shall write in this department to those who care to listen. Others may skip these pages and seek better entertainment and more useful information in the pages further on.")

MAY, 1934 • VOLUME 24, NUMBER 5

(CONTINUED ON PAGE 663)

(CONTINUED FROM PAGE 660)

Edward J. Ryan, B.S., D.D.S., *Editor*

Rea Proctor McGee, D.D.S., M.D., *Editor Emeritus*

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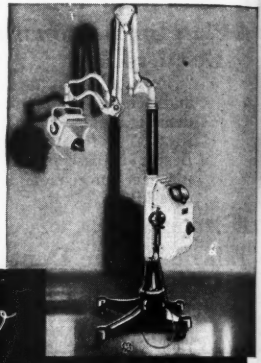
MAY, 1934



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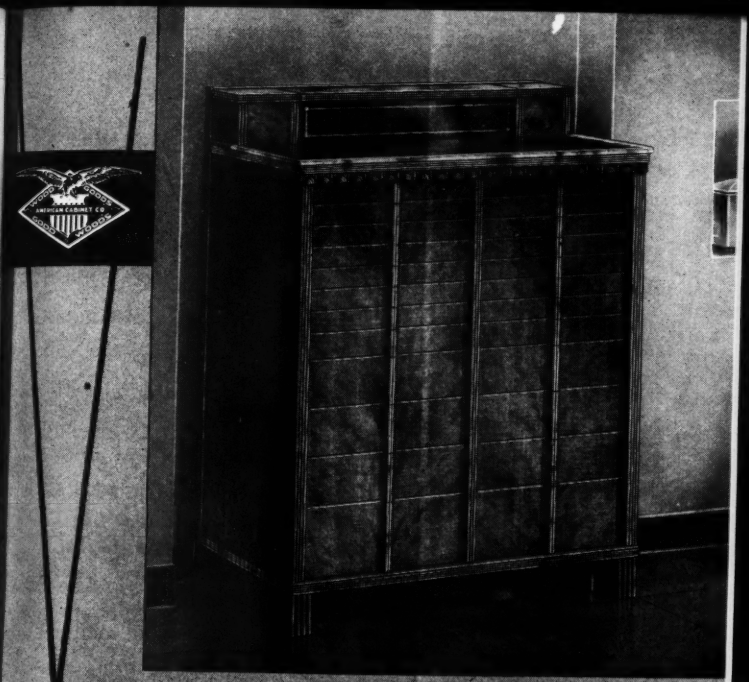

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MOUTH CLEANLINESS

vs.

DIETARY REFORM

in the Control of Dental Caries

FIFTEEN hundred members of the dental and medical professions gathered in the Hotel Pennsylvania, New York City, on the evening of March 27, eager to hear five eminent dentists and a biochemist present their views on the question, "Resolved: That a clean tooth does not decay." The much anticipated debate marked the first meeting of the outstanding leaders of two opposing schools of thought, one of which holds that most dental caries result from neglect of oral hygiene, while the other contends that dietary deficiencies are responsible for this disease. Staged under the auspices of the First and Second District Dental Societies of Greater New York, the debate brought to a climax years of discussion and dissension over this important subject.

The opinions of the debaters, which were supported by extensive study and research, were presented under the able chairmanship of Doctor Carroll B. Whitcomb. Speakers, three for the affirmative and an equal number for the

negative, were introduced by Doctors Theodor Blum and Theodore O. Peterson.

First speaker for the affirmative was Doctor Thaddeus P. Hyatt, of New York, who stated the affirmative side thus:

"Resolved: That a clean tooth does not decay, and that mouth cleanliness affords the best known protection against dental caries or tooth decay."

Sharply opposed to this was the viewpoint of the opposition leader, Doctor E. V. McCollum, Johns Hopkins University biochemist, who said that preventive dentistry must be based upon a dietary reform by the nation. Intermediate positions were taken by some of the other speakers on both sides who pointed out the difficulty of making dental caries entirely dependent upon either the local condition of the mouth or the general body chemistry. Both oral hygiene and an adequate diet, rich in vitamins and minerals, they said, were to be emphasized in the control of dental caries. Doctor Weston A. Price effectively presented, with the aid of slides, a report on the extensive surveys he has conducted among remnants of primitive tribes to substantiate his opinions that diet controls dental caries.

Varied opinions on the causes of dental caries and the contradictory findings were summarized in a most competent manner by the six debaters. At the conclusion of the debate, no formal decision was made, but the consensus of opinion was that the debate had brought out divergent viewpoints in a clear cut manner and would furnish an excellent basis for further extensive research on the subject of dental caries. In this connection a New York *Times* story carried this statement: "Of six persons in the audience approached at random by reporters, four said they believed the negative presentation by Doctors McCollum, Price, and Merritt had been 'more convincing.' "

AFFIRMATIVE

Arguments presented by the affirmative in support of the contention, "That a clean tooth does not decay" are here summarized:

Thaddeus P. Hyatt, D.D.S.

1. "Dental caries is a chemico-vital process of destruction of the hard structures of the tooth carried on through the agency of acid-producing bacteria."
2. Dental caries starts on the outside of the tooth and not on the inside.
3. Pits and fissures on the occlusal surfaces of the teeth collect and retain food debris and thus aid in the development of dental caries.
4. Factors essential for the starting of dental caries are:
   a. Acid-producing bacteria
   b. Conditions which make possible the undisturbable retention of these bacteria and food debris next to the tooth for a definite term
   c. The acid produced by these bacteria to be protected so that the acid concentration or strength cannot be diluted by the fluids of the mouth.

Alfred Walker, D.D.S.

1. We contend that nothing in the way of diet or nutrition has yet been evolved that places in the hands of the public as effective a weapon against tooth decay as does mouth cleanliness.
2. The evidence of failure of dietary treatment, both as a preventive and arresting agent in dental decay, is a daily occurrence, not only as it relates to various diets and the numerous dietary ingredients, but also to incidents of immunity and susceptibility in members of the same family, although they may have followed faithfully the prescribed diet.

Maurice William, D.D.S.

1. Dental caries usually develops on the proximal or occlusal surfaces of the teeth where natural cleansing functions do not work as well as on the buccal, labial, and lingual surfaces.
2. Dental caries has a definite relation to the general health and systemic diseases. Ninety per cent of children have this condition and steps should be taken to emancipate them from it.

NEGATIVE

Diet rather than oral hygiene is the most important factor in the development of dental caries according to the following arguments presented by the negative:

E. V. McCollum, M.D., Ph.D.

1. "I approve of mouth hygiene on general principles for the same reason that I approve of body cleanliness. I agree with Doctor Hyatt that pits and fissures predispose to caries, but I wish to state emphatically that these pits and fissures are caused by faulty diet during the development period."
2. Any effective program of preventive dentistry must be based on dietary reform which will insure:
   a. Perfection of tooth structure
   b. Continued maintenance of the health of the pulp structure through an abundance of vitamin C
   c. A blood chemistry which will be reflected in a salivary chemistry the most favorable for protecting the surfaces of the teeth. This can only be accomplished through an abundance of phosphorus and calcium plus vitamins A and D.

Weston A. Price, D.D.S.

1. Oral cleanliness is not the best known means for the control of dental caries because:
   a. It is not Nature's method.
   b. Immunity and susceptibility can be chemically altered at will by modifying the nutrition.
   c. The control factors for immunity can be shown to be in the saliva and can be traced from plants to animal tissues and sera.
   d. Tooth decay is not a disease but a symptom like many other degenerative processes.
2. "Since primitive man has had high immunity to dental caries he becomes our control in the great experiment of civilization. It is essential, therefore, that we study the control factors in the environment of which he is the product and use these as our yardstick for studying modern civilization."
3. My field investigations have included the inhabitants

NEGATIVE *(Continued)*

of isolated valleys in the Alps, the Outer Hebrides, Eskimos, and the Indians of Alaska and Canada, who were living almost entirely on native foods.

4. At the point of contact with modern civilization, in every instance, the incidence of dental caries increased from a few teeth per thousand to several hundred teeth per thousand examined.

Arthur H. Merritt, D.D.S.

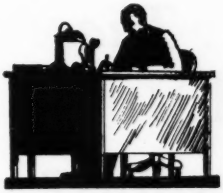
1. Tooth decay is not simply a local phenomenon, but one controlled by the biologic mechanism of immunity and susceptibility.
2. It is necessary to control the forces, wholly independent of local conditions, which govern immunity and susceptibility, if tooth decay in the aggregate is ever to be prevented.
3. The key to prevention is to be found, not through the uncertain operations of mouth cleanliness, but in a wider knowledge of the constitutional mechanism which controls immunity and susceptibility.
4. "Cleanliness is an important factor in the health of the mouth and teeth. The fallacy consists in believing that teeth can be kept clean and that mouth cleanliness affords the best known protection against dental caries. The real question, therefore, is not whether hypothetically clean teeth do or do not decay, but whether under the conditions of modern life they can be kept so clean that they will not decay. The answer may well be left to any one who has tried it."

See Cover

Photo shows left to right—members of the two debating teams —Thaddeus P. Hyatt of New York University, E. V. McCollum of Baltimore, Alfred Walker of New York City, Carroll B. Whitcomb, Chairman, Weston A. Price of Cleveland, Maurice William of New York City, and Arthur H. Merritt of New York City. The debate was held in the grand ballroom of the Hotel Pennsylvania.

—Wide World Photograph

BROTHER BILL'S LETTERS



Series IV—No. 9

By GEORGE WOOD CLAPP, D.D.S.

MY dear John:

I have tried to tell you why I think your practice disappeared by pointing out two roads along one of which you must travel.

One is marked, "The Road of the Professional Man." Along that road Dick is trudging industriously and now happily. He no longer fears disaster.

The other is marked, "The Road of the Repair Man." Along that road you have traveled many years and you now follow it in fear of the future. It offers no inspiration and, in hard times, very little attraction for your patients and only a limited success for you. Probably you will continue to be intermittently busy making golden crutches for progressive cripples and they will pay bigger and bigger bills if, as, and when they can. Those who leave you for Dick and his kind are not likely to return. If you stick to that road, the developments that are coming in the profession during the next few years will leave you hopelessly out of date.

It is not my place to say, "Take this road." You are an educated man. You know something about facing the responsibilities of life, though you have been blind to some of its best opportunities. It is enough for me to indicate the roads and the goals and leave the choice and the reward or penalty to you.

When Dick was telling me about his translucent boxes, I said, "Have the sides any color?"

"Well," said he, "at first they looked rather blue but during the last few months they have taken on a rosy tint."

The color of your boxes will be what you make it.

With all good wishes,

Yours,

Bill.

220 West 42nd Street
New York, New York

The EMPTY Chair Problem

By

MILTON E. NICHOLSON, D.D.S.

WE have all read much concerning the weak points in the profession of dentistry. Many of these exist only in the minds of a few. Most dentists, however, owing to the depression in business conditions, have a more receptive attitude, today, to suggestions which promise a solution of the *empty chair problem*. A few dentists have been unaffected by business conditions because they are proficient and have created a clientele which appreciates and demands a nearly perfect type of restorative work. These men have placed the welfare of the patient above all else and are constantly reaping the benefits.

The purpose of this article is to enumerate some of my thoughts on specialists, which no doubt recur in the minds of many who practice dentistry. The general practitioner who fails to see the value of specialists in various fields of medicine and dentistry is not deserving of a station of responsibility in the modern scheme of professional efficiency. The only specialty which is inefficient to a marked degree is the specialty of general practice.

Please allow me to plead with you for a new type of specialist, not specialists who are quacks, high powered, or engaged in some small field of endeavor; but in a deeper sense, "Specialists in the General Practice of Dentistry."

Most of the weak spots in dentistry are in the details of general practice. These are too often slighted or completely overlooked. Misunderstanding, that great bugaboo which loses the dentist more patients than any other factor, psychological errors in discussing proposed restorative work with patients, criticism of fellow practitioners, lack of a definite recall system for periodic examination of mouths, unsanitary and untidy operating rooms and slovenly operators,

a desire on the part of the operator to be a good fellow, rather than a worthwhile dentist. The above are mentioned as nontechnical details proper attention to which is so essential in the conduct of a successful practice, as to require no explanation.

Technical details are more numerous and just as often disregarded: too hurried an operative procedure, antiquated ideas on treatment in various cases, almost total ignorance as to roentgen rays and their basic position in dentistry, unfamiliarity with the importance of the mouth as a source of focal infection in systemic conditions, and a failure to recognize the physician's field in attempting to diagnose and treat cases that belong exclusively to medicine.

How often a piece, hurriedly constructed at a low cost to the patient, proves much too expensive after a time, in damage caused to the patient's mouth. A dentist inspired with perfection as his goal should have little difficulty in transmitting some of his zeal to the patients in whose mouths he is trying to place efficient restorations.

A lukewarm enthusiasm in planning and a slipshod method of procedure naturally produce in the dentist a reluctance to state the fee which he knows such work to be worth if correctly done.

Procrastination is a great evil, especially in the examination of teeth. For no good reason many dentists overlook enough necessary work in the mouths of their patients to double their incomes, if the work were located and properly done. This course of least resistance is very popular with some patients. A patient or a friend has often told me that he always enjoyed the visits to a certain dentist because he found only what was absolutely necessary to be done. Later, this person became a patient of mine and I routinely checked the teeth with roentgenograms. The result of finding "only what was absolutely necessary" was, according to the roentgenograms, abscessed teeth, interproximal decay of long-standing and extensive decay under old fillings caused by overhangs and deposits of serumal calculus. In these cases, if the former dentist had used roentgen rays he would, not only have found the work which I later discovered, but he would have retained a satisfied patient.

Naturally it is difficult to inform a patient six months following mouth examination by another dentist that your roentgenograms reveal many conditions which are of long-standing; and yet the truth must be told.

Many dentists are accustomed to working in appointments of twenty minutes each. No dentist, however skilfull, can place a satisfactory two or three surface amalgam filling in this

If the engine of your car refuses to run properly, would you proceed to simonize the car in order to correct the engine trouble?

short time; however this type of work is being done repeatedly. The result is decidedly unsatisfactory. Amalgam fillings of the twenty minute variety are masses of irregular form, held in position by some secret method of retention. Large overhangs are present at the gingival margin and no effort has been made to polish. Decay has started or continued in every direction and slight pressure from an explorer point will usually displace the monstrosity.

The gold inlay is often an island of gold in a sea of cement. The cement washes away and the result is inevitable. Contact point is one of the obsolete terms read of in that dusty volume on the laboratory shelf, Black's Dental Anatomy.

The use of chisels, hatchets, hoes, planers, and many other instruments is rapidly becoming a lost art. In the minds of many dentists the bur and engine are one-hundred per cent efficient in cutting sharp angles and box like preparations.

Removal of decay, extension for prevention, sterilization of the remaining tooth structure,

bevelling of the cavo-surface angle, anatomic carved restorations, polishing of fillings, and the securing of correct resistance and retention form in cavity preparation—all these seem to be passing into oblivion in many offices.

We need not concern ourselves with the study of complicated prosthetic appliances and "trick" bridgework when our cabinets do not contain sharp instruments for use in correct cavity preparation. We need not, "educate the public," to better dentistry; we need rather to educate ourselves by re-observing or observing for the first time the essentials supposedly learned in school.

LACK BASIC KNOWLEDGE

Does it not seem ridiculous for a dentist who knows or, apparently, knows nothing of the basic principles of dentistry to spend money for expensive courses in salesmanship and economics? If the engine of your car refuses to run properly, would you proceed to simonize the car in order to correct the engine trouble? Yet, this is exactly what many of us are doing. There are hundreds of articles being written for the solution of what is popularly called *the empty chair problem*. I sometimes think that if we honestly tried to do every operation with the care necessary for success, there would be no worry about the complicated problems of the profession at large. There would be no need for the dentist to sell anything to his patients, if he paid as much attention to the small details of practice management and conduct, as he does to unessentials which often involve him in serious trouble.

After all, we are members of a profession, rendering service based on knowledge. If we disregard that knowledge and are attracted to the more commercial channels in the mere desire to obtain larger incomes, certainly the name, "profession", is not merited.

In the name of all the great in dentistry, let us firmly resolve to keep the standards and ideals of our profession at a safe height by giving undivided attention to each detail in routine work.

Only by becoming specialists in our chosen field, "the general practice of dentistry," will we be able to build a successful superstructure in the development of the profession.

"Great works are performed, not by strength, but by perseverance. Yonder palace was raised by single stones, yet you see its height and spaciousness."—Johnson.

Wilkinsburg Bank Bldg.
Wilkinsburg, Pennsylvania

That FANTASTIC DECADE

By W. GRAVES PEAY, D.D.S.

"But the things that you learn from the Yellow and Brown will help you a lot with the White."

KIPLING'S remark in his poem, THE LADIES, is fitting when applied to the things we have fallen for in this past decade. Anyway, with him we took our fun where we found it, discovering that the Colonel's lady and Judy O'Grady are sisters under the skin.

Economically, rather comically now, we discovered that we were also brothers under the skin to many another poor devil. Things dental we really knew something about, so we thought, underwent much the same change, fantastic, unusual and, in retrospect, ludicrous. Let's take a look here and there.

We were Babes in the Woods according to "what was what," then. It was surprising indeed that patients could survive without all these fantastics so absolutely necessary for their health. Professionally, doubtless, we also would perish if we did not avail ourselves of them.

Even the alphabet was exhausted coining new words. A committee had to be appointed on nomenclature to unscramble the crop of scientific terms hatched out in an effort to name all the kittens this decade littered.

Bleeding gums were described as phageodontic periodontoclasia. The treatment of gum trouble became such an exact science that one had to qualify to be able to enter the sessions of that group. The average dentist was as bewildered at their discussions as Noah would have been with a motor boat.

INSTRUMENTS MULTIPLY

Instruments for scaling teeth of the tartar which accumulates on the roots multiplied worse than rabbits. They were designed for every conceivable angle possible to figure out in the human mouth. There were more crooks on the business ends of those things than one would find in five acres of buck brush. And, had we purchased all that were offered, the price of steel would have gone still higher. The infection and debris that remained after the

roots had been filed, hoed, and harrowed were blown away with terrifying gas machines calculated to scare the wits out of the victim if it did not blow them out.

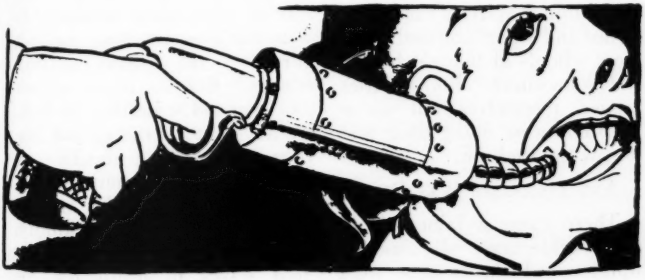
While we are on this subject it would not be amiss to look over the fence into the land of anesthesia. It is true that this field was a regular briar thicket, full of obvious pitfalls, through which we struggled in an effort to drag our patients safely through the danger of drug store anesthesia. The old-fashioned steel shotgun syringe with its leather washers and its ability, when inserted, to raise a blister on an asphalt pavement, accounted for many of the swollen jaws postoperatively. Such results in these operations had had the comfortable background of an aching tooth, already infected, plus the fact that the patient knew he was going to catch hell anyway.

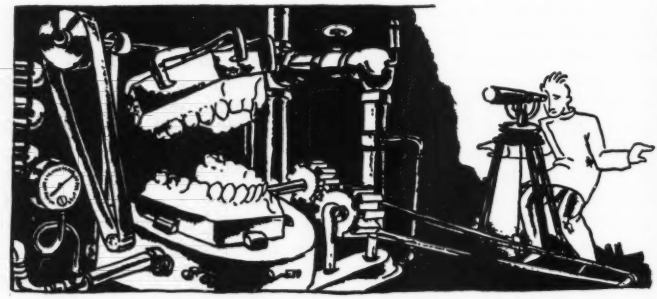
Nevertheless, into the picture with terrifying potency came some old friends in new clothes, brandishing lethal weapons. "Isotonic stability" was dinned into our ears like halitosis. Controlled sterility became more desired by the dental profession than by the most anxious sister who had been careless.

PROGRESS STRIKES DENTURES

In the denture field the plow of progress dug deep. Nothing was missed from the cultivation of the trigonometric function of the condyle to the flavor of the impression material. Acres of argument flourished. Some as smooth as syrup, some as rough as Barnacle Bill. The degree of cusp inclination went from 45 degrees to a complete absence of inclination. In fact the cusps were made more than minus; they were hollowed out and even the hollows glazed. Might be termed "out alpha-ing" Alpha and out jumping Omega. Modernistic "one cusp" wonders flourished.

These mechanical wonders of progress and prosperity called for many ingenious and imagination shattering devices, described with deep scientific





adjectives, but all winding up as articulators, the most of which rest today monuments to the call of better service to our patients—milestones along the road to financial independence.

The mutilations of the hundred per cent extractors brought out the opposition. Root canal work took on new dignity. The list of medicaments used was as long and complicated as the laundry list of the most industrious Chinaman.

The list of diseases, on the other hand, which the "hundred per centers" traced to the teeth would, if removed from any modern text on pathology, leave little besides the index and bibliography. The vehemence and vigor indulged in by these schools of thought had to end somewhere. Both parties argued themselves out on a limb and were doing their best to saw the limb off.

And Its Name Was Diet

There came a faint call in that wilderness of clashing opinions which, as time went on, developed into a roar that sounded the coming of a new fetish. (Those who would argue about tooth treatments were left out on the limb.) Its name was *diet*. Its backbone was made up of indispensable vitamins, named after the alphabet. The kids all cheered when castor oil was thrown out and cod liver oil substituted. Spinach became the rage along with "kraut" juice and the like. The plain fact that what we eat determines to a large extent how we grow and develop almost floored us. Some even tried to regenerate cavities into tooth structure by dieting and the use of mysterious pills. Everybody began prescribing diet to cure gum trouble. It was much easier than raising corns on the fingers pulling scalers. Besides, it was stylish and sounded scientific. In fact, we all went on diets; and lettuce, with its anti-sterility vitamin, became a bumper crop. We knew at last why rabbits could multiply so rapidly. Some of us almost starved our fool selves to death for the

want of a good beefsteak while chasing the rainbow of diet and health.

About that time another sun came up. It sent the little kids running around naked in the summertime and sold numerous arc lamps in the winter to those who would enjoy the bounty of actinic rays.

Anything so all persuasive as the word "actinic" was bound to tickle the ego of progressive and, as a result, the evils of periodontal disease melted under the warm rays of the lamps, while the patient exposed his dental anatomy and pocketbook to the electric treatment. The doctor held the stop watch and figured how long until and how rich he would get in this ultra-scientific age.

The mass production of industry, the million shares a day stock market, the production lines of factories—these things got under our skins, too. Some of us got "mass minded". The great unwashed and uneducated mass of folks needed dental tutoring somehow, and so we started tutoring them at so much a linear inch in the press. Some few of us thought the public needed educating; some more needed the business. Lots of us got all "het" up about it. Before all of us yawned the unknown chasm of what was lately known as the depression which, like a forest fire, made the fierce and the fearful seek cover together.

The end is "not sitting and thinking and dreaming of hell's fires to see." Let's be warned by these fantastics we have been enjoying. Take time and profanity by the forelock and remember that even those fine people to whom all pain is mere fancy and life, one sweet dream, still have the jaw ache. So long as Nature and the Great Urge continue to increase the census there will always be plenty for busy dental hands to do if we never buy another gadget of any kind or swallow another fool idea.

Bankers Trust Building
Little Rock, Arkansas

A BOOK OF VERSES

Perhaps in response to a recent inquiry in ORAL HYGIENE, "What Hobby Do You Ride?" Dr. Anderson Scruggs of Atlanta, Georgia, sends in an attractively bound volume of verses from his own pen.

The book contains some seventy poems and is issued from the presses of Oglethorpe University. The author has an unusual gift in the use of words and his lines flow with a smoothness that is unusual.

We of the dental profession should be proud indeed of those among our membership who are capable of shining in other fields.

The book may be ordered from the publishers: University Press, Oglethorpe University, Georgia.

The Denture Patient Speaks*

What means this new machinery
Which represents my dentist's skill?
It's worse than common nausea
Which makes one mildly ill.

The front teeth won't dent crustless pies
The chewers just won't grind
My lips feel stuffed, my eyes bulge out
Grim worry haunts my mind.

All food has lost its flavor—
Won't act the way it should
My teeth fall down, my food stays up
All eating is "no good".

And as for speech and diction
There's hardly any such
My tongue won't work, the words limp out
As a talker, I'm in Dutch.

Yet dentists pose as kindly souls
Whose efforts help mankind
How can they when they turn out "plates"
Worse than glass eyes for the blind?

———

But now a better view I hold
(In anger first I spoke)
My gums are healed, my tongue is trained
My anguish was a joke.

I count my new found blessings
(I've discovered quite a few.)
I feel I've made a good exchange
I'll state the case to you.

No dying nerves, no abscessed roots
No toothache in the night
No sessions with the dentist's drill
To freeze my soul with fright.

Perhaps I *can't* crack hickory nuts
Nor bite off husky strings
Such facts don't bother very much
Compared to other things.

For I can laugh quite unabashed
And care not what's revealed
There's plenty left that I *can* chew
In the well stocked eating field.

So bless the men with forceps
And their skill which builds anew
If we tried to live without them
Well! I don't know *what* we'd do.

*Jesse Roland Coffyn, the patient, dedicated to his dentist: J. Milner Murphy, D.D.S., Sumner, Iowa.

THE HEALTH CRUSADERS

This club was organized almost two years ago. Doctor Charles Rider is at the extreme left of the front row, and Paul Chambers, musical director of the Imperial high school, is at the right.

The Dental Health Club

What It Means to Children

By CHARLES RIDER, D.D.S.

DID you ever have a patient come into your office and say, "Good morning, Doctor, I want my mouth examined? I was taught the value of my teeth, their relation to my health, and their proper care as a child. I also learned that 60 per cent of the work was hidden from the dentist's view so I want my mouth x-rayed to detect interproximal cavities and any other hidden conditions. If any work is necessary, I want the best gold inlays it is possible for you to make with linings under them and all grooves carried out for the prevention of further decay."

Now wouldn't it be satisfying to hear such statements? Life would be worth living again and the practice of dentistry would be a pleasure rather than an effort. It would not require an hour's talk at the chair to convince patients of the importance of good dentistry, for this patient's conversation is certainly convincing proof that she had been

"dentally educated" earlier in life.

You may say this is someone's wild dream and that it would be impossible to educate the public to that extent. I insist, however, that the situation I have mentioned is not impossible; it is no wild dream and, best of all, it is not a hard job. If you desire your patients to be educated as the woman cited here and you are willing to devote one to two hours of your time each week, I will explain our plan. But, to carry it out to the fullest extent, you must become a teacher as well as a dentist and educate your patients to the value of the teeth and their relation to health, *and the education must begin with the children.*

Organizing A Dental Health Club

More than three years ago we began to map out a definite line of educational procedure and this required two years. A little over a year ago we put the plan into actual practice and it works beautifully and effectively.

To introduce the idea we sent out invitations to about thirty-five children, aged ten to fourteen years, asking them to attend a party we were giving. At this party, after the social part was over and the refreshments served, we told them we wished to make an announcement. It was explained to them that we had in mind organizing a Dental Health Club. This club would meet every Saturday morning at nine o'clock at our office. We would, through the use of pictures, charts, and models, wherever possible, study the teeth, proper brushing, correct foods, relation of the teeth to ill health, the x-ray machine and its use, orthodontia and its causes, the value of the baby teeth, permanent teeth and their importance, cheap dentistry and its harmful effects on both teeth and health, and have many interesting illustrated health talks on related subjects. We also explained that the club would elect its own officers, such as president, vice-president, secretary, and treasurer, and they would carry on their own business meeting each Saturday morning. It was also explained that we would have many social activities, such as theater parties, contests, games, picnics, and parties.

After announcing that we would divide the hour every Saturday into three parts; first, the business meeting for twenty minutes; second, the health talk, ten to twenty minutes; and third, social activities, twenty to thirty minutes, and that we would have one-half study and one-half play, I asked how many would care to join such a club. The vote was unanimous. The first meeting was called for the next Saturday morning.

Cooperate With Schools

In the meantime we talked with the principal of the grade

schools, Leila Jackson; the professor of music, Paul Chambers; the county superintendent, Mildred Ingold; the athletic coaches, Sidney Werner and Frances Harmon, and received their whole-hearted cooperation and assistance.

The club was started the next Saturday at which time they elected their officers, named their own club Health Crusaders, and chose their colors. The club has met every Saturday morning since, which was over a year ago. The attendance has been regular and the enthusiasm high. Every member has averaged brushing the teeth thirteen times a week since the club started. They now have a good general knowledge of the deciduous teeth and their uses, the permanent teeth and their value, the age the deciduous teeth erupt, and the order in which they erupt, proper foods, the six year molar and its value, the third molars, and the systemic conditions arising from impacted wisdom teeth, roentgenograms, how the roentgen rays work and what they find below the gum line. They all know a cheap piece of dentistry when they see it and likewise a good piece. They know what a good inlay should cost, a good denture, a good silver restoration, and similar services.

In other words, they are taught the value of their teeth, how to care for them properly, and approximately what fees they should pay for good dental work.

Club Creates Friendship

The club work, besides educating them in dental care, has created a warm friendship between these children and myself, which I value very highly. Nearly every one of them is on my six month call list and practically all are Gold Star members, that is, they have their mouths in perfect condition. It has eliminated all fear of the dental office, and when that is accomplished, the children are your best patients. Without question, it will make them healthier, happier, more alert children, which means more to them than riches.

The club members have uniforms, white shirts, white trousers, white shoes, red ties, and the red letters, HC, are over the left shirt pocket. Last year the girls and boys each had a basket ball team and the club has its own ten piece harmonica orchestra. The teachers did all the coaching and instructing in music.

We also have a club among the children from seven to ten years of age. They have named their organization The White Pearl Club and they are just as dental minded as the older ones.

If every dentist would educate, say sixty children a year, in dental care, think of the millions of persons that would become dental minded year after year! You may say, "But that takes a lot of work." That is

where you are wrong. We have already done all the work for you. The plan is worked out in detail, including information on how to form a Dental Health Club, how to contact the children, how to contact the parents, how to carry on the business meetings, every weekly health talk written out in detail in the language the child can understand together with a program for all the weekly social activities that blend in with each week's health talk and all the monthly social activities that are carried on outside the club hour. All you need to do is follow the schedule laid out. And it will only require from one to two hours of your time each week. If you cannot do it, let your assistant handle it for you.

Think of the ideal future patients these children will be; think of the little friends they will bring to your office, to say nothing of their influence on the parents and their adult friends! If you want fifty, seventy, or one hundred of the best, truest little friends you ever had, contact these children weekly by forming a health club.

We have tried here to give you a basic idea because we should all work together to educate the public through the training of the children. If any of you who read this article would care to know of our plan in detail, we will be pleased to hear from you.

Imperial, Nebraska

SEEK INFORMATION ON DENTISTS' HOBBIES FOR NEW YORK CENTENNIAL

The centennial of two important events in dental history, that is, the organization of the first dental society in the world, December 3, 1834, and the appearance of the first recorded dentist in this country in December, 1734, will be commemorated in New York City in December of this year by the First and Second District Dental Societies of the State of New York.

Besides a comprehensive educational program, an historical and scientific exhibit of unique interest is being prepared for the event, according to Doctor B. W. Weinberger, chairman of the exhibit committee. Paintings, etchings, pastels, plastic, and sculpture work by dentists, samples of books, poems, inventions, as well as a long list of fascinating hobbies of dentists will be featured in the exhibit. Just now the committee is most anxious to obtain data on the location of works of art, literature, and other items of interest for the exhibition. Members of the profession are urged to send information on these subjects to Doctor B. W. Weinberger, 119 West 57th Street, New York City.


What's WRONG with Dentistry?

By Joseph B. Jenkins, D.D.S.

There's Nothing WRONG with Dentistry Except the Dentists

By GEORGE A. SWENDIMAN, D.D.S.

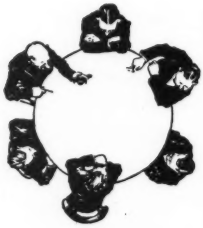
IT is my conviction that there is nothing wrong with dentistry. The fault lies with the dentists themselves. They are to blame, because from the beginning the majority of dentists have been merchandising dental operations *for a price* instead of rendering a real health service involving time, skill, and knowledge, *for a fee*. Indeed, I have heard dentists of national reputation make the statement that less than 3 per cent of the dentists were consistently rendering modern dental health service.

I know that's strong language, but we need strong language. We need more Martin Deweys in the profession, men with high ideals and the courage to fight for what is honest and right. If we had more of these, it would not be long before there would be a decided change in the rank and file of dentists. There would not be any advertising dentists; the majority of dentists would be professional men and not merchandisers. They would be better professional dentists because the public would be informed of the important relationship of teeth to their health and they would know what constituted professional dental service. Then the public would be more than willing to pay a fee commensurate with the professional service rendered.

Dr. Jenkins has given a good general survey of professional practice. But let us be even more specific. As a definition of what I mean by professional dental service, let us ask ourselves some frank questions.

How many dentists—

We need more Martin Deweys in the profession, men with high ideals and the courage to fight for what is honest and right.



—go to dental meetings year after year, yet continue the type of dentistry in vogue 25 years ago?

—are trying to compete with the advertiser

—in price and giving quantity instead of quality service?

—are today putting on ready-made seamless or die-plate gold shell crowns?

—are using facings, the surface next to the gum tissue being rough and unsanitary, causing a great deal of inflammation?

—leave soft decay, treated with silver nitrate or not treated at all, under some amalgam fillings or gold inlays?

—tell their patients that their teeth are "too soft to hold fillings"?

—"plug" teeth with amalgam instead of making restorations that really replace tooth structure destroyed by decay?

—continue to use silicate in those positions where experience shows a gold restoration to be plainly indicated?

—seek to make adhesive powder a substitute for conscientious workmanship and accurate adaptations?

On the other side of the picture, how many dentists—

—take post-graduate courses?

—read each issue of their dental magazines?

—make a mouth diagnosis, which means full mouth roentgenograms, (including bitewings) transillumination, pulp testing, study models, and checking occlusion, instead of merely looking for cavities?

—do a prophylaxis instead of "clean teeth"?

—teach patients how to brush their teeth properly?

—in their bridge cases, glaze the porcelain pontic or saddle after it has been ground?

—stain the porcelain facings and porcelain vulcanite teeth for esthetic reasons?

—properly care for children's deciduous teeth?

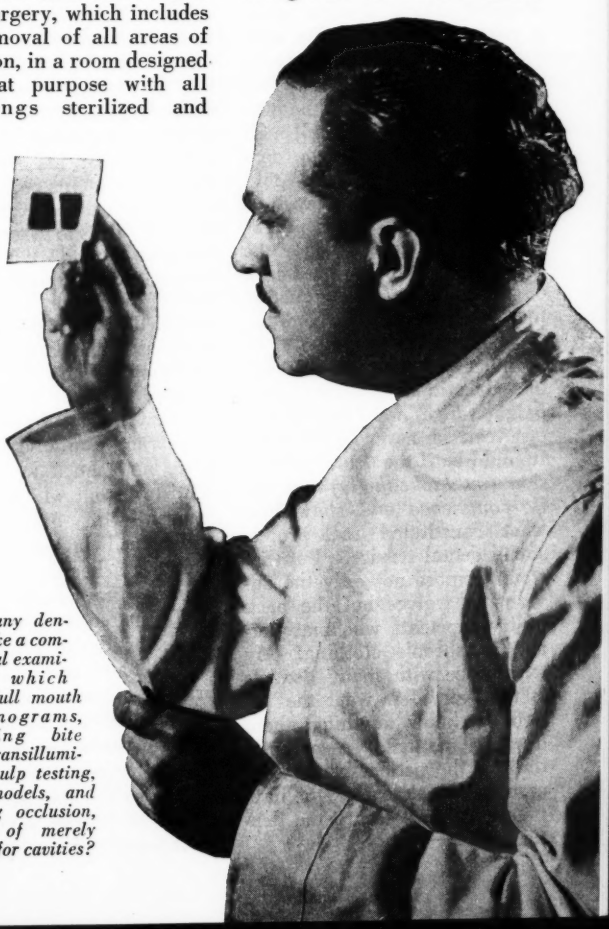
—see to it that their inlays fit in every respect and are anatomically carved and highly polished?

—give real denture service,

including good impressions, proper facial restorations, teeth set up scientifically in regard to occlusion and articulation, demanding a fee according to oral and mental condition of the patient instead of a price for the best teeth and rubber, that is, materials?

—remove teeth or do minor oral surgery, which includes the removal of all areas of infection, in a room designed for that purpose with all dressings sterilized and everything from instruments to gauze as clean and sterile as it is possible to make them?

If the majority of dentists are not rendering the high type of professional dental service indicated, can it be said that they are strictly honest and ethical? Isn't there something wrong with our code of ethics



How many dentists make a complete oral examination which means full mouth roentgenograms, including bite wings, transillumination, pulp testing, study models, and checking occlusion, instead of merely looking for cavities?

which tolerates some of the abuses I've mentioned?

Can we blame the disappointed patient for trying some form of panel dentistry? Many no doubt take the gambler's attitude toward prayer, feeling it can't do any harm (the panel service couldn't be worse) and might do some good (save him money). The work of many so-called ethical dentists is on a par with some of the stuff turned out by advertising offices.

The advertiser can be punished by ejection from the dental society. But it is well nigh impossible to punish the dentist who puts on "tin can" gold crowns, leaves soft decay in a tooth he has filled, "plugs" teeth with cotton or does the innumerable things that smack of dishonesty. Unfortunately there are just too many doing these very things.

Under existing conditions, the educational publicity campaign which was sidetracked last year can never be put over. It could be if the dental profession *would take the layman into its confidence and* show him what constituted real professional dental service. But that would expose not only the advertising wolves but the pack of incompetents who masquerade in sheep's clothing. My experience with many dentists is that very few want the patient to know anything about dental matters. Apparently the less the patient knows concerning dental service, the happier and more secure the dentist feels.

With such an attitude on the part of the average dentist, it is not surprising that silence is the attitude of the average dental society. The dental society does not dare to give the public the dental health information it is entitled to; it does not dare to explain fully the difference between real and pseudo-dentistry.

An educational campaign such as contemplated last year can do more harm than good. For if the campaign convinces the average man merely that he should visit a dentist, instead of a *good* dentist, his first inclination is to put his contemplated visit on a mere price basis, and shop around, to patronize the advertiser, and the inferior among those in good standing. Not only that. The sincere qualified dentist, seeing others profiting immediately from this condition, would be strongly tempted to lower the caliber of his professional services. The boomerang would be such a disgrace and shock to organized dentistry from which it would recover with difficulty. The enlightened layman, eager to maintain a healthy mouth condition, disappointed in the treatment received, would have a greater desire than ever to have a hand in regulating the practice of dentistry and would eagerly embrace some form of panel dentistry as a means of self-protection.

And so the dentists are content with letting some of the toothbrush and toothpaste com-

panies disseminate half-truths about dental health. The layman is made to understand that the brush or the toothpaste or the mouth wash is the biggest factor in this dental health program, and that the dentist is of secondary importance. He may become more tooth conscious but having been trained in the buying of dental merchandise by many ethical (?) dentists throughout the years and educated by the advertising dentists, (and we must all admit some of the advertising looks and sounds mighty good) he still thinks that he is buying so much silver or gold, or the best teeth and rubber, that every dentist is a good dentist because he is licensed to practice, that all dentists are alike and, therefore, it is a matter of where it can be gotten for the least money.

Under present conditions, it does not seem as if this situation will change materially in the years to come. Why is this likely to be true? In the first place the majority of dentists are opposed to the proper kind of dental educational publicity. Secondly, we are living in a materialistic age where ideals interfere with gain.

Every dental student I have asked why he is taking up the profession of dentistry has said that it requires less time than medicine and that he is attracted by the money in it. To relieve the suffering of humanity and to make the world a happier and better place to live in does not seem to enter his mind. He may develop high ideals in dental college but there is danger that he is apt to get them knocked out of him about a year after he gets out for himself.

The conviction will be deeply implanted in his mind that all he has to do is to display his name on the door, window, or hanging sign, render the high type of dentistry taught in dental college, a type that the old codger dentist either isn't aware of or has forgotten about, and patients will just naturally flock to his office.

What does he find? He finds that the layman knows very little about dental service, and that his name doesn't mean anything more to them than any other dentist's name. He tries to get the fee for doing the proper thing for the patient and he finds the ethical (?) dentist on the corner underbids him because he puts on a "tin can" crown over a tooth that the young dentist knows should have an MO inlay or amalgam.

Naturally he thinks the men serving on the dental examining board and as presidents of the dental societies are the very best men in the profession. They must be men with high ideals and exceptional skill for are they not passing upon the character and qualifications of the young dental graduate? And then the young dentist gets a patient who has a huge gold crown on an upper molar, removes it because of the great amount of inflammation around it, and finds that there wasn't

a thing wrong with the tooth, that the dentist had plainly defrauded the patient. An ex-president and member of the board of dental examiners put that in!

A middle aged woman presents herself with a bad case of pyorrhea. It is necessary for the young dentist to remove six gold shell crowns, shaped like tin cans, because of their poor fit, faulty occlusion, and inflammation of the gums. Imagine his surprise on learning that they were put on by a dentist who has been on the board of dental examiners, past-president of the state dental society, and one who has written an article on traumatic and balanced occlusion! Apparently he was trying to balance the occlusion with tin-can shaped shell crowns.

Dentistry is progressing. There's nothing wrong with it. But are dentists progressing too? "Aye there's the rub." The 3 per cent of dentists will always endeavor to give their patients the benefit of modern professional dental service. They will always act as a stabilizing force in preventing the noble profession from going literally to the dogs and becoming more or less of a holdup racket upon innocent and confident victims. But always there will be the great number of dentists lagging behind the 3 per cent, who will worship the almighty dollar and render the grade of dental service considered good twenty years ago. And behind these lagging dentists will be the great mass of laymen who will be as ignorant as ever of modern dentistry UNLESS THE DENTAL PROFESSION AS AN ORGANIZATION DOES SOMETHING ABOUT IT.

Organized dentistry must recognize its duty to the layman as well as its obligation to its members. It not only must enforce the code of ethics against the advertiser but it must expose and rid itself of the charlatans within the ranks. It must first put its own house in order.

Grand Forks, N. D.

CLAPP WRITES DENTAL HEALTH SERIES

George Wood Clapp, D.D.S., the author of BROTHER BILL'S LETTERS appearing currently in this magazine, has contributed a series of six articles on public dental health information to a new magazine for the public, *Good Eating*. In the preparation of this series, Doctor Clapp has had the assistance of other dentists, physicians, and bio-chemists.

The first article in the series, WHO IS RESPONSIBLE FOR MAMIE DALY? appeared in the January-February issue of *Good Eating*. It represents an excellent example of fundamental nutritional advice told in an interesting and dramatic style for public reading. In this first article, the story of the possible nutritional crisis of pregnancy is told in an intimate, person-to-person, human-interest manner.

A Plan *for* Regional Economic Organization *of* Dentists

By J. A. SALZMAN, D.D.S.*

INCREASED interest in economics was aroused in our profession about ten years ago when dentists began to realize that their incomes, during the so-called "period of unprecedented prosperity," bore no correlation to the rising cost of commodities, or to the increased earnings of men in other lines of business and professional endeavor. That fact has since been substantiated by the findings of the Committee on the Costs of Medical Care.

A group of *dental* economists then came upon the scene and, by means of their "efficiency systems" undertook to teach dentists how to increase their incomes by adopting "business methods." This led to the general misunderstanding of economics as applied to dentistry. In answer to a questionnaire I sent out to some of the leading men in organized dentistry, in my work as a member of the first economics committee to be appointed by the American Dental Association, many replied: "I do not know anything about dental economics as I do not use it in my practice." We have since learned, however, that it is not for us to decide whether we should employ dental economics as we might decide on the employment of appliances or materials. The economic laws that underlie the practice of dentistry affect all of us whether or not we are aware of their existence.

In the May, 1930, issue of the *Dental Cosmos*, the writer presented, "A Basic Outline for the Study of Economics as Applied to Dentistry." There, it was pointed out that, "The problem of dental economics is to secure for the art and science of dentistry a maximum of progress, for the dentist a fair proportion of the necessities and luxuries of life, and for the public a maximum of dental health." In other words, the economic problem of the dentist presents three phases: a personal, a professional and a public health phase.

*Associate Editor, New York Journal of Dentistry.

It is with these facts in mind that the following plan is presented for the economic organization of dentists in metropolitan areas and centers of population:

A Plan for Economic Organization of Dentists in Metropolitan Areas and Centers of Population:

OBJECTS:

1. To study and initiate plans for making dental service available to a greater portion of the public.

2. To provide a more adequate and more equalized distribution of dentists.

3. To improve the economic condition of dental practitioners.

4. To provide dentists with information conducive to more efficient and less costly private office practice.

METHODS OF ORGANIZATION:

Plan No. 1—Invitations to be sent to all ethical practitioners in a metropolitan area or center of population. Election of officers and a governing board.

Plan No. 2—Invitation to existing dental organizations in the area to send accredited representatives, on a per capita membership basis, to form a governing body or parent organization and local chapters.

METHOD OF OPERATION:

1. Stated meetings of the parent body to which all members are invited for the discussion of economic problems as they affect the practice of dentistry in the area.

2. The organization of local economic chapters to deal with local economic problems in the various sections of the metropolitan area.

3. The publication of a bulletin for the dissemination of economic information to dentists, especially with regard to the following:

a. Office efficiency—encourage sound business methods.

b. Dental fees—credit information—collections—methods of financing dental work.

c. Investment guidance.

d. Insurance information and advice.

e. Methods of lay dental health education.

f. Dental clinics—dispensaries—pay clinics—industrial dentistry—contract practice.

g. Public dental health activities—dental health campaigns—dental health exhibits.

h. Legislation affecting dental practice.

i. Elimination of unethical practitioners.

j. News concerning modes of dental practice.

RESULTS TO BE OBTAINED:

1. More adequate distribution of dental care.

2. Placing dental practice on a more economical basis, thus bringing dental service within the reach of a greater portion of the population.

3. Provide a consultation service on questions relating to the economics of dental practice.

4. Improve conditions under which dentistry is practiced at present in local communities.

5. Improve the economic status of the dentist.

6. Provide dentists and dental organizations with lay dental health educational material.

7. Elimination of illegal and unlicensed practitioners.

8. Cooperation with lay bodies in providing dental care for the indigent.

9. Cooperation with lay bodies in conducting dental health campaigns and exhibits.

10. Protect the interests of the public and profession by encouraging legislation favorable to the efficient and ethical practice of dentistry.

11. Provide dentists with news concerning the economic changes in their profession.

If we stop to consider the great program of codification now in progress throughout the United States under the N.R.A., where hundreds of industries spread over an area of 3000 miles are being unified, then we can agree that the plan here presented while apparently entailing an immense amount of work is not altogether beyond accomplishment. The plan presented here provides a clearing house for the study and interchange of economic problems as they affect dental practitioners in populated districts without regard to geographic boundaries or "sections" as apportioned under State dental societies.

The necessity for economic organization on the basis suggested has already been recognized by many in the metropolitan area of New York City. Many local economic clubs have already come into existence. Under the plan presented, these bodies would have a common meeting ground and co-ordinate their efforts to the advantage of all concerned.

Today, the factors responsible for our interest in dental economics are not the same as they were ten years ago. We are no longer motivated by self-interest to increase our income because of our desire for greater luxury. At present, we are confronted by the fact that a great number of dentists are unable to earn sufficient income to continue to remain in practice. In many cases it is a question of keeping from becoming a public charge. Furthermore, there is a growing demand for economically provided dental service.

The admonitions that the professions may be socialized and that the direction of dental practice may be taken out of the hands of the dentists were until recently treated as figments of the imagination of over zealous dental economists. In view of recent social and economic changes, however, this is no longer to be reckoned in the realm of the improbable.

It is reasonable for us to suppose that the dental profession will be consulted in attempts to provide "universal dental service" or dentistry for the masses.

66 East 66th Street
New York City

W. Linford Smith
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

Editorial Office: 708 Church Street, Evanston, Illinois

Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties. — *John Milton*

ECONOMIC BEACONS AND WEATHER VANES

TO follow the tempo of today's living requires time for reading, for personal conversation, and more important, some leisure for detached interpretation. The only kind of dental economics worthy to be so named is that which is contemporary and adjusted to the problems of the existing social order. Dental economic teachers who have not changed their point of view or their emphasis are as out-dated as the economic seers of the era of Coolidge; they are much more sterile than the effete prophecies of that era.

Some who are skilled in recording the vane of public opinion believe that medical care is certain to be either socialized in part or distributed under some form of health insurance. If we follow the records of history, it is seen that in England, for instance, health insurance evolved as a form of social insurance, and social insurance is a form of protection from the insecurities: of unemployment, of old age, of ill health. Dental benefits have usually been tacked on as additional benefits to health insurance coverage.

The vane of present opinion records spokesmen for unemployment insurance and health insurance and some frank advocates of socialized medicine. Frances Perkins[1] in a recent magazine article has eloquently called attention to the Wagner-Lewis Bill before Congress which provides for a federal form of unemployment insurance. Under the

terms of this Bill a new federal tax of 5 per cent is to be levied on every employer based on his payroll after July 1, 1935. Should, however, a state unemployment law be effective and acceptable to the federal government, the employer may offset against the federal 5 per cent levy the amount he has contributed to the State unemployment fund. The terms of the Wagner-Lewis Bill are such that should it become law a national form of unemployment insurance is assured. Labor groups are also working for the passage of such legislation. The next likely objective is health insurance!

A frank suggestion for the socialization of medical care is carried in the magazine of the former Brain-Truster, Mr. Raymond Moley.[2] An article, with the title PAYING DOCTOR'S BILLS, and with the provocative question in a subheading, "Is Medical Care to Continue As a Private Business Arrangement or Become a Social Right?" suggests what we may next expect from the "brain syndicate."

More significant, however, than the article is a full page illustration which suggests the circle of complete social protection as divided into four arbitrary segments: public safety, sanitation, education, and medical care. "Medical Care" is not yet in the circle; social protection is incomplete. The legend for the illustration reads: "America meets the needs of every economic class in education and public safety. Full Medical Service as well must be brought within the reach of all to complete the circle of social protection." To us the inference should be plain. Fire, police, health departments, and public schools are maintained by funds from taxation. The advocates of socialized medical care suggest that the ever-ready, sharp pencil of the tax assessor be used to create the funds to meet this need.

And so the beacons show *Red*: for danger and for a symbolic alien influence in health insurance. The vane of public opinion points to a storm ahead for physicians and dentists if the published statements from powerful minorities are to be taken seriously. We should prepare our houses to withstand the storm.

[1]Perkins, Frances: Toward Security. *Survey Graphic* **23**:116 (March) 1934.
[2]Ross, Mary: Paying Doctors' Bills, *Today* **1**:3 (March 17) 1934.

Talking *to the* DENTAL PATIENT

By

CARROLL A. WHITMER, PH.D.

LORD Chesterfield, once said, "It is better to read one man than ten books." Whether or not we agree with that statement, it is certain that every dentist will find a knowledge of human nature of great assistance to him in approaching and talking to his patients.

The subject of human nature is a broad one but, fortunately, there are basic principles of behavior common to all of us. And the dentist who seeks a better understanding of his patients would do well to begin with a little self-study. He might ask himself:

"What habits, mannerisms, peculiarities of other persons annoy me? What kind of conversation makes me feel most at ease, increases my self-esteem? What type of person makes the most favorable impression on me?" The answers to these questions will serve as a guide to him in dealing with his patients.

Before going on to a discussion of the psychological principles that govern the attitude of a patient toward his dentist, I want to emphasize the fact that "the desire of pleasing is at least half the art of doing it." The basis of success in all personal contacts is *sincerity* and an appreciation of the point of view of other persons.

FACTORS TO CONSIDER

Now, in the dental profession, we may have two dentists equally skillful in the actual mechanics of their work but Doctor A is much more success-

In the accompanying article, Doctor Carroll A. Whitmer of the Department of Psychology, University of Pittsburgh, gives many valuable suggestions as to how a dentist should approach and talk to his patients. Doctor Whitmer points out that a sincere, sympathetic manner free from nervous, irritating habits; a clean, well groomed appearance; an even, well modulated voice; tactful, informative suggestions on dental care; avoidance of arguments and criticism of others; a knowledge of an individual's interests, and a respect for the patient's opinions are all essential aids to the dentist who wishes to increase the interest and effectiveness of his conversation and make a favorable impression on his patients.

ful than Doctor B in his relationship with his patients. What, then, are some of the possible psychological factors which contribute to the success of Doctor A and account, at least in part, for the lack of success in Doctor B's case?

Let us first consider extraneous factors that might influence what the dentist says. Sometimes a patient's real or imaginary physical pain may distract his attention and weaken the effect of any conversation. Nevertheless, it is often possible to offset a patient's discomfort, at least partly, by effective conversation.

The dentist's problem is mainly that of eliminating possible distractions due to his own personality traits which might annoy the patient and reduce the effectiveness of his conversation. Habits of facial expression are quite important. Sometimes these may be due to the physical makeup of the face and, fortunately, are likely to be overlooked unless they are accompanied by peculiar mannerisms.

Acquired Traits

Mainly, we are interested in the acquired traits because they can be changed and because they can serve to overshadow unfortunate natural traits. Squinting, peculiar twisting of the mouth, expressions of boredom, or of irritation are likely to distract attention from the conversation. These traits are learned and can be replaced by more desirable behaviors. Any one of these expressions is not singly, in itself, of much importance but it is likely to be accompanied by other nervous mannerisms and gestures, which create an unpleasant first impression.

This type of trait often originates in embarrassment when beginning professional practice but persists long after experi-

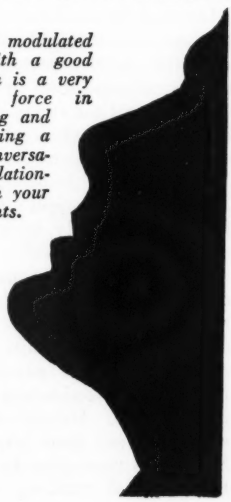
The speaking voice is an important factor in the effectiveness of your conversation.

ence has been gained and may be even more noticeable later than at first. In any case, such traits are likely to detract from the dentist's professional appearance and dignity. Frequently, they may be as insidious as halitosis is said to be, but I believe our best friends *will* tell us, if we ask them, although we may suffer a slight injury to our ego when we are informed of such personality defects.

Jerky and shifting movements of the eye or out of the way positions of focus are often distracting elements in a conversational situation. A direct but not too intent manner of looking at people might well be cultivated. A ready and natural smile, not overworked, is an asset in the establishment of confidence. Conversely, the strained or worried, long face is likely to be reflected in the patient. The relaxed muscles of the face (it takes many more muscles to frown than it does to smile) tend to relieve the tension in any situation.

Frequently, your patient comes to you worried or in pain and, by your confident, easy, relaxed manner, you may stimulate a like response in him. A pleasant attitude does not imply that you lack sympathy. On the contrary, your influence and presence should help the patient rather than cause him to feel sorry for himself. Recently, I knew a patient who was attended by a physician whose chief facial expression was one of deep sorrow and whose main topic of conversation was, "Oh, poor thing, I feel so sorry for you." The patient came away disgusted and with a complete lack of confidence in the physician and the treatment, al-

A well modulated voice with a good inflection is a very positive force in producing and maintaining a good conversational relationship with your patients.



though the actual treatment was quite adequate.

EFFECT OF VOICE

The speaking voice is an important factor in the effectiveness of our conversations. The high pitched voice, usually associated with an emotional response, is likely to be irritating and it may, through unconscious imitation, produce a mutual irritability between the dentist and his patient. A loud or high pitched voice may cause the patient to react as if the dentist were trying to belittle his opinion or force the treatment on him whether he liked it or not. Fortunately, this error need not and, actually, seldom does, occur because a few weeks drill can readily produce a decided change in pitch of voice and is just as feasible as any other type of trait re-education. Other vocal qualities besides pitch, for example, a nasal, tense, or harsh voice can be corrected with practice. A well modulated voice with good inflection is a very positive force in producing, not only a good first impression, but also in maintaining a good conversational relationship with your patients.

Habits of speech used in the conversation are important. In talking to people who know good English, even though they do not always use it themselves, any careless misuse of English might easily undermine respect for our judgment. If this type of deficiency has not been corrected in your academic training or if you have fallen into bad speech habits since that time, effort should be made to overcome the fault by study and practice of the correct habits. Certainly, every professional man should strive to avoid repetitions of slang phrases such as, "I'll say so," "you tell 'em," "and how," or the continued repetition of any word or phrase even though, in itself, it may be perfectly good English. This habit is of no use whatever in conveying ideas and may serve to obscure real meaning. Furthermore, such habits may be interpreted as an indication that the user is suffering from what might be politely termed "mental vacuum."

PERSONAL APPEARANCE

In the dental profession the appearance of personal cleanliness seems to be particularly important as a factor influencing the patient's reaction toward you. I need not dwell on this influence, not because it lacks importance, but because it is obvious. Your patients need not be fastidious in order to refuse to overlook any noticeable neglect of this important factor.

I do not believe that I have over stressed the importance of personality traits in pointing out their psychological value in the conversation. Any one of us can probably recall an interview with some professional man for whom we developed a rather violent dislike in spite of the fact that he was recognized as able and skilled in his

profession. On the other hand, we might easily recall an interview in which we had been sold some fake product or fooled by a quack who sold himself. If we carefully analyze such situations we might find any or all of the above personality traits influencing our response.

VALUE OF SUGGESTION

Now let us analyze some of the factors which are interwoven with the conversation between the dentist and his patient. Suggestion may be made to play a very important role in our conversational relationships with people. The dentist is in a position which permits him to use direct suggestions since he is an authority in his field and since the patient respects his judgment and comes voluntarily seeking the appointment. Direct suggestion, however, is not always effective and sometimes may be objectionable. Indirect suggestion frequently is more desirable because it leaves the patient with an active response after he had left your office. The patient is likely to think of this type of response as his own idea and thus be better satisfied. In other words, he does not feel as if he had been sold something which he did not intend to buy. That "People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others" is as true today as it was when Pascal said it three centuries ago.

Effective use of indirect suggestion is one of the chief methods of modern advertising. The wide advertisement of dental creams with contrasting pictures of "before and after using" is an example. Association of the product with the best people, the most attractive or popular personalities, the best homes, healthy persons, and so on is a most powerful form of indirect suggestion.

In Doctor William T. Root's book, entitled *Psychology for Life Underwriters*, there is a discussion of the value of indirect suggestion which may well be applied to the dental profession since the importance of an educational "sales talk" may be recognized as a factor in some of your conversations with patients. An attitude of certainty in presenting a principle is a type of indirect suggestion. If you avoid negative suggestions, present your view of a situation with the direct assumption, "of course you want to do what is best for your health," and leave the way open for no other consideration the patient is likely to agree. No proof is necessary because your certainty is convincing.

AVOID ARGUMENTS

If you hope to use indirect suggestion effectively, avoid any argument with your patient. Start with accepted facts and, through analogy, try to get a response to your suggestion without arguing. If a patient takes a defensive attitude, it will hurt his pride to be forced to admit his error. You can

afford to listen patiently to the person and agree with him when he expresses his pet ideas and then, through your use of suggestion, you may both appear to be converted to a different conclusion. And no one's pride in his own ideas need be injured.

It is always unwise to make comparisons of your own work with that of others. When faults are pointed out the patient tends to get a mental set for finding fault. A professional practitioner has nothing to gain by finding fault, either directly or indirectly, with the work of others in the profession. The patient's loss of confidence in one is likely to lead to some loss of confidence in all. Positive suggestion is more effective and leaves the patient with a more favorable attitude toward your profession in general.

VARY CONVERSATION

No discussion of the psychological aspects of any problem would be complete without a consideration of individual differences in their relation to the problem. Certainly, the individual differences in your patients will influence the method and content of your conversations with them. No doubt you have had a clothing salesman try to sell you a garment with the argument that it is "classy," forgetting to mention the more important considerations of quality, durability, and relative price. That appeal may have been satisfactorily used with some prospective purchasers but certainly cannot be applied to all. I have heard of certain professional practitioners who have a sort of perpetual topic of conversation which they use without regard for the individual patient and I might add with very unsatisfactory effects on some patients. No dentist would attempt to apply a previously determined dental treatment to every patient and it seems just as reasonable that his conversations must be as variable. It has long been known that the good physician treats his patient as well as the disease and it seems reasonable to suppose that the same fact should apply to the good dentist.

STUDY INDIVIDUALS

Search out your patient's interests, try to remember his occupation, his likes and dislikes, and his level of education. Make these the basis of reference in your conversations with him. Remember that most people are more interested in their own affairs than in your personal problems. The successful conversationalist does not lose sight of the fact that his listener's interests and not his own should form the background of the conversation. Usually, facts of mutual interest and current events are the best subjects for conversations. Many laymen associate the dental chair with a certain amount of discomfort. The dentist who uses his knowledge of human nature will be particularly careful to avoid ad-

ditional irritation by not forcing his patient to listen to a discourse on some subject remote from his interest. He will also observe his patient's reactions carefully and not indulge in long, boring discussions on any subject. Over talking can be more objectionable and tiring than too little conversation.

With the wide variety of interests possible in a great number of patients it may seem a hopeless task to try to remember something about every patient's interest. However, it is equally true that almost any two people have some interests in common. I have known some dentists who have succeeded admirably in conversations as well as in dental treatment. I sincerely believe that mutually interesting discussions between the dentist and his patient may serve to alleviate the patient's discomfort and bring about an association of less uncomfortable ideas about dental treatment. This is especially true when applied to the treatment of children.

Avoid Talking Down

There are certain facts about human behavior and the reactions of individuals that should always be kept in mind. For instance, no one enjoys being talked down to and made to feel inferior. Yet, this fact is sometimes forgotten by a dentist. In fact, any professional practitioner is likely to be so familiar with his own field of work and ideas that he unintentionally overlooks the unfamiliarity of the person who has not specialized in that field of endeavor. I have heard people accuse certain professional men of trying to display their superior knowledge by the intentional use of technical terms not familiar to the layman. If we are really trying to communicate ideas when we converse with patients we had best explain technical subjects in terms familiar to them in so far as possible. I am sure that a patient learns little from listening to a verbal barrage which only baffles or mystifies him. *The use of diagrams, charts, pictures, common-place examples, and other concrete material is most effective in bringing about a common ground of understanding between the dentist and his patient.*[1] Cultivate the habit of using specific terms and adjectives which help to produce clear images for the people with whom you converse.

One general principle of social influence which seems to underlie most of our personal relations with others might be stated as follows: We admire and respect a person and are attracted to him in so far as he makes us feel better, more

[1]See the series of colored charts in THE DENTAL DIGEST, The Education of the Dental Patient: Dental Conditions, February, p. 83; Development and Eruption of the Teeth, March, p. 127; The Progress of Tooth Decay, April, p. 167; Why Construct a Bridge? May, p. 212; How the Loss of Teeth Affects the Face, July, second cover; The Danger From The Impacted Tooth, October, p. 401; What Does the X-Ray Show?, December, p. 477; Volume 39, 1933. Series to be continued.

intelligent, and that we have opinions worth respecting and, conversely, we tend to dislike and avoid the person who makes us feel cheap and ignorant and who shows no respect for our opinions.

QUALITIES NEEDED

In conclusion, we will return to the case of Doctor A and see why he is more successful than Doctor B. Our question concerning the possible factors in the success of Doctor A may be answered, at least in part, by reviewing some of the points we have considered. In the first place we may find that Doctor A improves his professional rating with his patients whenever he talks with them because he speaks to them with a calm, even, well modulated voice and with expressive inflection which has a convincing effect. He has a kindly, sympathetic face and a ready, natural smile. He gives an impression of sincerity. He looks his patient in the eye with reassuring confidence. Any one would notice that Doctor A uses good English and does not have to repeat a lot of "back-alley" phrases in order to have something to say. The patient will probably notice that Doctor A is neatly dressed and scrupulously clean. These factors increase Doctor A's professional dignity and lend weight to his decisions.

Doctor A, with the backing of his pleasant manner and winning personality, gives forceful, direct suggestions concerning certain aspects of dental work in which he has had special practice. When the patient presents an opinion he considers that opinion with respect and then proceeds by the method of indirect suggestion. He may use the patient's own suggestion in a series of related facts including the solution he thinks best. Doctor A is careful to remain in the rôle of professional adviser rather than dictator for he realizes that most people resent dictation. Our successful dentist never criticises the work done or advice given by other dentists but rather points out the possible merit in the treatment administered by others.

STUDIES PATIENTS

Doctor A tries to learn his patient's interests and attitudes and, when the patient leaves he, not only records his charge for services, but he takes a moment for recording some significant note about the characteristics of the patient. He carefully avoids the repetition of jokes or stories in successive conversations with the same patient. Repetition of incidents or jokes not only bore the patient but may injure his ego by the display of a lack of regard for the importance of his conversations. Doctor A is interested in every patient as an individual and he is careful to conduct his conversations in such a manner that he displays that interest. He may be able to pay the patient the very great compliment of taking up a thread of conversation where it

had ended in a previous appointment. Every good politician knows the importance of being able to show some knowledge of the personal facts about his constituents. The psychological effect is the same in either case. Practically all people respond to subtle flattery even though most of us would rather not admit it.

Patients treated by Doctor A feel that they learn something from his conversations because he makes some of his technical knowledge available in their language. He presents vivid descriptions of specimens of dental work and, if possible, he gives the patient an opportunity to see the kind of work he talks about. The patient leaves the office with respect for the dental profession because he has learned something about it.

We may conclude our analysis of Doctor A's methods of influencing and retaining his patients by saying that as a general result of his application of some simple rules about human behavior the patients admire and respect him. He has made them feel that they are individually important, have sufficient intelligence to learn something about the field of dentistry, and that he profits by their opinions. By practicing these fundamentals both Doctor A and you may benefit not only your own practice but also the other members of the profession.

University of Pittsburgh
Pittsburgh, Pennsylvania

EXTRACTION VS. NON-EXTRACTION

Although a sharp controversy still rages over the subject of tooth extraction as a remedy for certain diseases, there has been a swing away from the theory that teeth should be removed whenever diseases of the digestive tract appear to the theory that teeth should be preserved at all costs. At least, that was the opinion expressed by Doctor F. R. Anderson, assistant professor of medicine of Long Island Medical College, at the recent meeting of the New York State Dental Society in New York City.

As the sanest procedure, Doctor Anderson recommended a middle course between the two extremes. Because gastro-intestinal disorders seem dependent on so many points of infection in the body, he insisted that infected teeth should be removed whenever it seems necessary. As to the statement frequently made both by patients and dentists that artificial teeth are never as efficient as natural teeth, Doctor Anderson offered a flat contradiction saying:

"Most patients requiring multiple extractions have developed their original troubles as the result of malocclusion and, with artificial dentures, often for the first time in their lives, are really able to chew their food properly."

The Experiences of DOCTOR SIMPLE

By C. M. QUILLEN, D.D.S.

First Episode—Competition

DOCTOR Simple stared out his laboratory window with a very gloomy aspect of countenance. It was a marvelous morning but it didn't coincide with his feelings. He was worried and the noise wafting downward from the office suite above him, rumbling sounds, heavy steps, and the shoving and moving about of apparently heavy articles did not sound pleasant to his listening ears. In fact, it was painful and was giving him cause for a more acute apprehension.

Conditions were growing alarming and the dental field was becoming overcrowded. Two new dentists and an advertiser had crept in last year to take away patients and make life more miserable. Now, young Front blithely opening his office upstairs would just about fix it, would add the finishing blow, and the death knell to the practice of dentistry in this locality.

And this would be a certainty, thought Doctor Simple, as he stood there listening and looking out his window. Some would starve out here, he was positive, and there would be price slashing and a low ebb in the tide before some of them

beat it on an avid hunt for greener pastures.

Then suddenly he stiffened. If dog eat dog, he reasoned thusly and logically, he would stay with them. Then, too, he had a fair jump on some of the other fellows and he smiled now complacently in this comforting thought that his practice was already established and he could hold his patients from drifting. He smiled again now more complacently and, albeit too, with a slight secretiveness.

The first two months bore fruit abundantly, not to say too plentifully, but it was amazingly gratifying considering the existing conditions. It was surprising but his old patients weren't drifting and, too, he hadn't run off to the dental meeting. Young Front upstairs wasn't doing anything and he thought more than once that this young fellow could be discarded as a negligible factor. He was foolish or else didn't realize conditions scar-

- - - if he hadn't been curious minded and watched him go upstairs to Doctor Front's office.

ing away what few patients he might have gotten but didn't on account of his high fees. He had picked up one of these patients that Doctor Front had looked over and smiled at its simplicity, for it had been very easy. He had only had to shave the bill $4 under his figure.

It was true, and Doctor Simple frowned slightly at this remembrance, that he had placed those last two amalgam restorations rather hurriedly but still —what can one expect from cheap dentistry?

Then he grinned again; he felt that he couldn't blame young Front entirely. Perhaps he should deserve some slight pity for his ignorance as Doctor Smart probably had something to do with it, filling him up with his line of "hooey" when he carried him off to that dental meeting.

Doctor Smart, too, he thought had probably better get down to business. This was very gratifying, also, to Doctor Simple, who had stuck the spurs into this cocksure gentleman twice recently and had landed both patients. One of them was easy. He didn't have to cut the fee very much, either, and he was expecting a nice check from her the first of the month when she paid her bill.

The other one though had caused him a frown or two and one or two bad moments for, unfortunately, Doctor Smart had shown her a sample of this new fangled appliance he had picked up at one of his clinics somewhere and Doctor Simple had to call upon his reserve of astuteness but he knew his work would be all right when it adjusted itself to her mouth and everything would be "hunky-dory".

He didn't go to the next dental meeting either. The district meeting three months before had been very surprising and gratifying as he spent this time in his office. He had picked up a patient or two drifting around from old Doctor Jinks' office and then the prize one, old Mr. Jitters, for whom he had pulled a tooth and this had given him cause to feel that this afternoon had been very profitable. Old Mr. Jitters had money, a good deal of money, and had a mess of work to do in his mouth. And, if he was any judge of human nature, Mr. Jitters hated to part with these dollars, hence he was doubly confident that Mr. Jitters would return.

———

Time goes on as it will and, whether we are practicing dentistry, building a house, or digging a ditch, it will pass on by just the same. It was probably three months later when Doctor Simple's prediction was fulfilled and he looked up and pronto! Yes, sir! Front! There stood Mr. Jitters. He had returned.

"What did you say you could fix my teeth up for?"

Doctor Simple smiled hugely. He was alert and had caught the evasive tone and manner right off.

"Just as cheap as anybody." He was prompt with this and knew just exactly how to handle a situation of this kind. "Yes, sir, wait, I'll fix you up a price. Ten per cent off for—" He stopped abruptly.

Then he suddenly felt cold as, for some inexplicable reason, Mr. Jitters had gotten up.

"I guess not," Mr. Jitters finally spoke. "These are the only teeth I've got," he said decisively, "and I don't think I want that kind of work done in my mouth."

Doctor Simple might have considered the idea of Mr. Jitters changing his mind and coming back if he hadn't been curious minded and watched him go upstairs to Doctor Front's office.

Reynolds Arcade Building
Bristol, Virginia

Dental Meeting Dates

Dental Hygienists Association of the State of New York, 14th annual meeting, Hotel Statler, Buffalo, May 9-11.

Massachusetts Dental Assistants' Association, 1st annual meeting, Hotel Statler, Boston, May 9.

The Dental Assistants Association of the State of New York, 6th annual meeting, Hotel Statler, Buffalo, New York, May 10-12.

American Dental Society of Europe, annual meeting, Palace Hotel Scheveningen, The Hague, Holland, May 18-21.

Indiana State Dental Association, annual meeting, Claypool Hotel, Indianapolis, May 21-23.

Canadian and Ontario Dental Association, annual convention, the Centennial City of Toronto, May 21-23.

Alumni Association, Atlanta-Southern Dental College, 2nd annual meeting, May 28-30.

Alumni Day, Temple University Dental School, June 11-13.

Virginia State Board of Dental Examiners, regular meeting, Medical College of Virginia, Richmond, June 12.

Massachusetts Board of Dental Examiners, examination for registration of dentists and hygienists, Boston, June 12-15.

Northeastern Dental Society, Swampscott, Massachusetts, June 13-15.

California State Board of Dental Examiners, regular meeting, San Francisco, beginning May 21. In Los Angeles, beginning June 18.

Minnesota State Board of Dental Examiners, regular meeting, College of Dentistry, University of Minnesota, June 22-28.

Southern Society of Orthodontists, 13th annual meeting, The Homestead, Hot Springs, Virginia, July 16-18.

"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

To the Editor:

Now that the Midwinter Meeting is history permit me to thank you personally and on behalf of the Chicago Dental Society for the very fine publicity and cooperation which we received from you as Editor of the DENTAL DIGEST and ORAL HYGIENE magazines.

The cover designs on the February issue helped to a very large extent to bring our registration up to the 6,000 mark. Having such a national circulation, I feel absolutely sure that the Chicago Dental Society owes these journals a very deep debt of gratitude. Kindly express to your publishers our deep appreciation for their cooperation.

With kindest personal regards and wishing both ORAL HYGIENE and the DENTAL DIGEST continued success, I am,

Sincerely yours,
Stanley D. Tylman, Secretary
Chicago Dental Society

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HENRIK SHIPSTEAD—"NO SWEDE"

In the January number of ORAL HYGIENE Doctor Frank A. Dunn[1] has a splendid article the theme of which is Henrik Shipstead, D.D.S.

With full appreciation of this biographic sketch and with due respect to all Swedes, may I correct this Buckeye dentist when he calls the illustrious dentist-senator a Swede? He "ain't no Swede"; on the contrary, his parents came from Tellemarken, Norway; hence, we Norwegians claim him for our own. However, we are sufficiently patriotic to share him willingly with Swedes, Danes, and people of all other races whose ancestors, like his and ours became American citizens in good and regular standing.

Moreover, we can scarcely concede the Vikings to the Swedes alone. As the fjord approaches the sea it takes the form of a V, called a Vik, so those early wild and sturdy seamen who navigated these waters were called Vikings. Possibly they did steal a maiden now and then; you can hardly blame them for that.

Tellemarken? Yes, a wonderful bygd for growing big men with strong teeth and far-reaching voices.

What a place for Doctor Weston Price to visit! With plenty of goat milk, Norsk sil and genuine cod

[1]Dunn, F. A.: Henrik Shipstead, D.D.S., United States Senator, ORAL HYGIENE **24**:36 (January) 1934.

liver oil which he could solarize by the rays of the Midnight Sun.—**Theodore Ashley, D.D.S**, *Burrage Building, Canon City, Colorado.*

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URGES DENTAL CODE

I am interested in the article by Abram Cohen[2] and the letter by Mrs. J. R. De La Parra[3] in the February ORAL HYGIENE. I think we should have a code in the dental profession. We are not like physicians for we have something to sell besides service. We have certain articles, such as bridges, plates, and fillings and the public see them as just so many dollars and I think the way to combat these ideas is to make a minimum code.

I will admit that the fellow who is getting a terrible price for his service will yell. But there are a lot doing the same good work for about one-fourth less and making a living. Too many dentists are using the profession to exploit the public and, if they were to take their work to a dental board, they would probably get a minus O.K. on it.

I am for good dentistry for a good honest price. And that is why I would like a code so an honest dentist can get and live on an honest price. I think in making a code that the public as well as the dentist should be considered and, on top of it all, a national code would educate the public to the value of dentistry. Too many people are of the opinion that a dentist does nothing but take in the money and has no expenses. And I can honestly say that after practicing for sixteen years I am convinced that the public as a whole does not know a good piece of dentistry on sight. It is just so much gold, silver, or rubber to them and, as long as whatever it is does not hurt, or a plate stays in they think they have a good dentist. Sloppy fillings mean nothing to them provided there is no discomfort. And I say that 90 per cent of the public is in this state of mind.

Let's see you put a questionnaire in your magazine and ask what they get for an M O amalgam at the same time, just say, "Are you for or against a minimum code?" and then say, "What do you charge for an M O amalgam and you will see that the higher the price the more they are against an honest code.—**F. F. Theisen, D.D.S.,** *Creighton, Nebraska.*

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DIET AND DENTAL CARIES

I would like to add a word to the discussion between Doctor Thaddeus P. Hyatt and Doctor George Wood Clapp[4]. First, Doctor Hyatt is right. "A clean tooth never decays," but the only place a clean tooth can be shown is outside of the mouth. He, I, nor any other dentist ever saw an absolutely clean tooth in the mouth of anyone. I also take exception to his remarks about oranges, tomatoes, and cod liver oil. All of these have proved beneficial in my practice—no guess work about it. They have given results in many cases.

About a year ago a man, an Italian, came to me because his wife had induced him to have his teeth cleaned. He was 50 years of age and never had used a toothbrush. He had thirty-two teeth all in perfect condition. Just a question of diet.—**A. H. Butterfield, D.D.S.,** *500 West 125th Street, New York, New York.*

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[2]Cohen, A.: Who Shall Speak For Us? ORAL HYGIENE **24**:194 (February) 1934.

[3]De La Parra, J.R.: Now is the Time to Act, ORAL HYGIENE **24**:222 (February) 1934.

[4]Clapp, G.W.: Doctor Clapp Takes Issue with Doctor Hyatt, ORAL HYGIENE **24**:65 (January) 1934.

WHO SHOULD PRACTICE ORTHODONTIA ?

ORAL HYGIENE for October carried an article by Doctor Edwin J. Blass[5] on the economic aspect of orthodontia as a practice builder and tonic for depleted pocketbooks.

Far be it from me to decry any legitimate means whereby it is possible to woo the elusive dollar from the public but, candidly, I think the good Doctor draws the bow too long in his earnestness.

Orthodontia, as a basic dental science, is undoubtedly a most important branch of dentistry when properly applied.

Inversely, this work improperly conducted is the most destructive procedure known to our art. Many a mouth has been hopelessly ruined by enthusiastic but misguided dentists who lack both judgment and experience. Unfortunately, their victims are children who do not realize the injustice done them until later years when no remedy is of avail.

All of which brings me to the point that orthodontic sense cannot be acquired over night, even with the aid of glorified laboratories.

If the profession by and large is to take up orthodontia on a wholesale scale, mercy demands consideration before inflicting experimental procedure on unsuspecting patients.

College clinics probably offer the best preliminary training. Observation of techniques under competent instruction, together with textbooks and other guides, are of utmost importance.

Novices and those unable to obtain these advantages should not, in my opinion, attempt orthodontia.

If, however, circumstances require corrective procedure and the operator is not properly prepared, it is his indispensable duty to inform the patient that the work is purely experimental in character.

Such action reflects only credit upon himself and the profession he represents.

Incidentally, I am not an orthodontist.—**Frederick W. Burlingame, D.D.S.**, *450 Sutter Street, San Francisco, California.*

[5]Blass, E.J.: The Revival of Dentistry, ORAL HYGIENE **33**:1480 (October) 1934.

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AFTER OUR NATIONAL DENTAL HEALTH SURVEY, THEN WHAT ?

Our great nation wide survey will be over some time in May. The public may be surprised at the results but we as dentists know about how many children will be found to need dental service. Out of 40,000 in my community about 35,000 will need some form of dental work. How many will have this work done? A very small per cent because of finances in many instances and just plain negligence in others. Still, we are considered a great profession. We think we are rendering a great health service and doing our share to help humanity. Well, we may be and, then, we may be fooling ourselves to some extent.

We are not going to be worthy of the heights we desire as a profession until we are able to reach more of the masses who need dentistry and are not able to get it. We are even losing thousands of patients each year because they are unable to pay for our work and live. What is this going to lead to? We see, and no one can deny it, that the world is changing very fast. That being the case, we will have to change with it.

After our survey other things will be necessary. We will have shown thousands of patients, many who did not realize it, that their children need more of our service. We will then have to tell them why it is so necessary. Then we must find some

way to enable thousands of them to have this work done or it just can't be done. An educational program in some form is needed to impress upon the parents how much our profession can help to build strong, healthy bodies; help to build men and women physically fit to meet the problems of life; men and women who, when our next great depression does come, will be able to do more constructive thinking. Then there will be fewer suicides because of mistakes made in times of stress.

Where will the poor children get the money to have the work done after their parents are convinced of its necessity? Our government is practically giving away millions for purposes less worthy. Our American Dental Association should have a committee at work trying to get a fund set aside for a great National Dental Relief Program; these funds to be restricted to children whose parents can show that they have no money to pay for dentistry.

It will not be such a hard job to convince our government that oral health is necessary for normal development of good sound bodies and minds. Most of them realize that. Our leaders of today know that if our civilization is to carry on we will have to have even greater leaders in the future. Our national problems are becoming more complicated each year. We are going to continue for some time to have many, many thousands unable to pay for dentistry. Upon their unfortunate children will rest a large part of the responsibility for our future civilization. Some of them will be our leaders and their success is our only guarantee of future progress and even our existence as a great world power.

A relief program backed by government funds would be a big help to humanity by giving several hundred thousands of children a better lease on life. They would be better able to apply themselves in the class room. More children would get joy and happiness out of life and learn to laugh at life's pit-falls because of courage and strength to overcome them.

I do not know what will be done after our survey is completed. I do know that the older members in our ranks will object to changes. Whatever is done will have to be done by the younger members—men who are not afraid to take a chance even at the risk of making a mistake. I am convinced that changes will be made either by us or will be forced upon us. Therefore, I would rather we keep our heads up in the future. As for myself, I would rather be a dentist in good standing in my community after, say a three year dental relief program, than any thing I can think of. Then, if it was made a three year program at the end of which there would be another national survey, you would be astounded at the respect and good will our profession would build up by this means.—**W. J. Smith, D.D.S.,** *451 Doctors Building, Nashville, Tennessee.*

Writers are requested to confine themselves to 150 to 200 words when writing for the DEAR ORAL HYGIENE Department

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of general interest will be published.

IMPACTED MOLAR

Q.—On examining one of my patients, who is in good physical condition, I found that the lower right third molar was slightly impacted. There was pain and an incipient infection. Food and debris of the mouth had collected in the buccal tissue. There was hardly any swelling but there was a slight exudate of pus.

Would you advise the immediate extraction of the tooth or would you wait until the slight pus exudate has subsided? I.S., D.D.S., New Jersey.

A.—In such cases it is much better to clear up the pus pocket before extraction. Clean out the food debris and bathe the pocket with a 5 per cent solution of chromic acid. Repeat this every day or two until there is no free pus and then extract.—V. C. SMEDLEY

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OBTAINING CULTURES

Q.—I wish to obtain cultures from some extracted teeth. Please advise what steps are necessary to render the field sterile during extraction. Should the teeth be mailed in a sterilized jar to a hospital laboratory?—E. O., D.D.S., New Jersey

A.—The area from which the tooth is to be extracted should be isolated by sterile gauze. The tooth and surrounding structures should be scrubbed with 5 per cent tincture of iodine solution followed by alcohol. The tooth should then be extracted under surgically aseptic conditions and, while still grasped in the forceps, the apex of the root should be cut off with sterile forceps or pliers and allowed to drop into a culture tube with brain broth culture medium therein.

If you have no incubator in your town and it would be necessary to mail the tooth, it would be advisable to wrap it in sterile gauze immediately upon extraction and put it in a large mouthed sterile bottle or Petri dish and then mail, at once, with a special delivery stamp so that it can be put in an incubator at the earliest possible moment.—GEORGE R. WARNER

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DIET ADVOCATED BY BOYD AND DRAIN

Q.—Where may we secure more detailed information on the diet advocated by J. D. Boyd and C. L.

Drain, and mentioned in your department in the February issue?—H.W.K., Kentucky; M.S., New York; C.E.E., Indiana; F.P.S., New York.

A.—Below is the bibliography given me by our medical library on the articles written by Boyd and Drain:

1 Boyd, J. D. and Drain, C. L.: Arrest of Dental Caries in Childhood, J.A.M.A. **90**:1867 (June) 1928.
2 Boyd, J. D. and Drain, C. L.: Dietary Control of Dental Caries, Am. J. Dis. Child. **38**:721-725 (October) 1929.
3 Dietary Control of Dental Caries, abstract in J.A.D.A. **16**:2324 (December) 1929.
4 Boyd, J. D.: Review of Certain Clinical Aspects of Nutrition, J. Pediat. **2**:226-241 (February) 1933.
5 Boyd, J. D.; Nutrition and Dental Caries, J. Iowa M. Soc. **22**:447-450 (September) 1932.

If you have trouble in securing this literature I might say that Boyd and Drain consider the following list as the most protective foods for use in dental caries and just below are the essentials of their diet.

Protective Foods

Eggs—high in vitamins A, B, D, and phosphorous
Milk—high in vitamin A, calcium, phosphorous, and protein
Citrus fruits, or tomato—high in vitamin C
Leafy vegetables—high in vitamin A, B, and iron
Butter—high in vitamin A
Cod liver oil—high in vitamins A, B
Meat—high in protein

Boyd and Drain Diet

One quart of milk, one or two eggs, one serving of meat, fish or liver, one orange or apple or tomato, one fruit besides the above, one teaspoonful of cod liver oil, six teaspoonsful of butter, other food as desired. Sugar not prohibited nor carbohydrate food reduced except as the protective diet would reduce it.—GEORGE R. WARNER

BLEEDING GUMS

Q.—I have a patient, a mature woman in good health, who takes very good care of her teeth by regular and frequent brushing and the use of a saline solution as a mouth wash daily. I thoroughly scale and polish her teeth every three months. There is always some soft tartar deposit. In spite of all this care, however, her gums bleed profusely at every touch of an instrument and she reports that each brushing causes them to bleed. The gums look healthy and are not inflamed. There is no evidence of pyorrhea.

Could the bleeding be the result of some systemic condition? Can anything be done to correct it?—J.E.O., D.D.S., Michigan.

A.—In many instances this type of case is one of a typical Vincent's infection. At least it would be worth while making a slide. Your care of this case and the home care seem to be ideal. If it proves not to be a Vincent's infection, you should think of a systemic involvement, such as low blood calcium or some one of the blood cell dyscrasias.

Then, too, a general lowered vitality seems to predispose to Vincent's infection and local treatment is not sufficient. Good

results in treatment are reported from the use of an excessively high vitamin C diet and the intramuscular injection of bismuth.—GEORGE R. WARNER

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INJURY TO TRIGEMINAL NERVE

Q.—During the removal of an upper right bicuspid root my elevator slipped and pierced the buccal mucous membranous fold. The usual infra-orbital symptoms prevailed the following day with an ecchymosis and drooping of the upper right lip and complete anesthesia of the right ala of the nose and right side of the lip. This occurred two months ago. Ecchymosis has disappeared but the lip and side of the nose have a persistent parasthesia with no feeling whatsoever. The drooping lip is also unchanged—all as a result of the injury of the infra-orbital nerve and its nasal branches.

Is there anything I can do to stimulate nerve regeneration? This continued unchanged condition is beginning to worry me and I hope you may know of some procedure I may follow in assisting Nature in this condition. Can you also tell me how long such a condition should last if the patient is in a good state of health?—D.W.B., D.D.S., California.

A.—Injury to the inferior dental branch of the trigeminal nerve within the inferior dental canal is so common that we have a great deal of data in relation thereto. This data would tend to show that nerve repair is very slow but, within this inferior dental canal, quite certain. The writer at one time removed a segment of this nerve one-half inch in length only to have it regenerate in a few months.

The injury of which you write is apparently to the buccal branch of the facial nerve and the infraorbital and infratrochlear branches of the trigeminal nerve.

One thrust of an elevator could scarcely have injured all three of these nerves so we must assume that part of the present condition is due to the original ecchymosis and swelling. In this case, time is the great factor in regeneration of those nerves. These particular nerves are too small to splice, therefore, you will have to wait patiently. It is possible that high frequency currents would be helpful in hastening repair or alternate hot and cold packs.—GEORGE R. WARNER

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SPACE MAINTAINERS

Q.—I have a patient, a boy, aged 9, who has lost his upper right central (permanent). The upper left central and upper right lateral are apparently not fully erupted.

What appliance can I place there that will preserve the space and esthetics until a permanent bridge can be placed? I was thinking of orthodontia bands (cementing) on the two abutment teeth and using a Steele's backing and facing for a pontic. I do not wish to grind these abutment teeth and I want something that will serve for ten years, if possible.—G.E.O., D.D.S., Kansas.

A.—The procedure you have outlined is absolutely correct in such a case. We have placed a number of similar appliances that have been worn for from six to ten years. They should, of course, be removed from time to time and recemented as orthodontic appliances are.—V. C. SMEDLEY

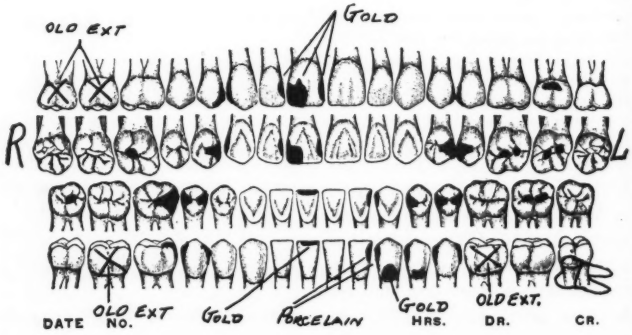
SEEK TO IDENTIFY MAN THROUGH DENTAL WORK

Convinced that only through dental work can they hope to identify a body found near Warner's Hot Springs, San Diego County, California, officials of the county are appealing to dentists to check their files for possible evidence of identification.

The body was that of a man between forty and fifty years of age, about 5 feet 8 inches in height, of slight build, and approximately 140 pounds in weight. His hair and beard were of a sandy gray appearance. The body was badly decomposed and any identifying marks had been removed from the clothing, which consisted of a white shirt, gray trousers, and brown shoes and socks.

Most conspicuous dental work was a large mesio-incisolabial gold inlay on the upper right central and an incisal foil on the lower right central. This tooth was in labial malposition.

The complete chart is shown here.



If any dentist has a record similar to this work or believes he may be of assistance in establishing identification, he is urged to communicate with Doctor J. Edwin Armstrong, 708 First National Bank Building, San Diego, California.

The Dental COMPASS

Pittsburgh Scientists Kill Germs With Rays

Germs causing tooth infection can be killed by high-frequency radio waves, according to an announcement made recently in Washington, D. C., by the Association for the Advancement of Science. The discovery, which it is hoped will minimize the danger from infection in the extraction of abscessed teeth, was made after two years of experimenting by Doctors J. S. Oartel and E. Alfred Wolf of the University of Pittsburgh.

The scientists reported that they had treated 105 infected tooth roots with 3.2 meter radio waves. In 28.6 per cent of the cases the bacteria were destroyed while in 41.9 per cent their growth was retarded, their size decreased, or their formation broken up. The germs were of the type known as diplostreptococci; the teeth treated were exposed to the waves for periods varying from five to sixty minutes.

"Our researches thus far have been entirely on infected tooth roots treated after extraction," Doctor Oartel said in discussing the work done. "We hope to develop the method further to make it possible to kill the germ before extraction."

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Bargain Medical Fees In Rumania

Because superstitious Rumanian peasants have greater confidence in the sorceries of old, toothless, hunchbacked witches than in their bright young doctors, of whom they have a surplus, medical fees in that country have hit new lows. For 10 cents one can have a tooth extracted by a qualified Rumanian dentist; for 20 cents one may consult a physician; and for a nickel a prospective mother may obtain valuable advice from a duly diplomaed midwife.

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Cites Dental Methods In The Far East

As a substitute for an anesthetic in India, native dentists read a verse from the Koran to their patients and 90 per cent of all teeth are extracted without pain. These curious facts

were related by Doctor Charles E. Mullin before a meeting of the Central Pennsylvania Dental Society at the Penn Alto hotel, Altoona, Pennsylvania.

Painless dentistry and surgery through hypnotism, long practiced in the Far East, were suggested as possible aids to the medical science of the West by Doctor Mullin, who discussed miracles of the mind, including mental-telepathy, thought reading, knowledge of the future, mental control of nature, and mass-hypnotism—phenomena that he has studied extensively in China, India, and Japan.

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MYSTERY OF DENTAL CARIES ELUDES MAN

Dental caries heads the list of important mysteries that Science must solve to prevent the course of human evolution from retrogressing toward extinction, in the opinion of Doctor Leroy M. S. Miner, dean of Harvard's Dental School. He also concurs in the belief expressed by Sir William Osler that "defective teeth cause more physical deterioration than alcohol."

Intense as is the desire of scientists to learn more about dental caries, Doctor Miner said in a recent interview, investigators are everywhere faced by perplexing problems and paradoxes. For instance, the teeth, hardest of all human tissues, when removed from the mouth outlast empires and nations; but they are often worn away and destroyed in the mouth.

Elusive factors that must be considered and studied extensively in relation to dental caries, Doctor Miner pointed out, are bacteria, heredity, and environment including diet. And in studying diet the fact must not be lost sight of that foods ranging all the way from the seal and walrus meat combination of the Eskimos to the banana diet of negroid tribes of Africa produce good teeth. Certainly, Doctor Miner concludes, those who study diets have their research all but wrecked upon a reef of perplexities.

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"FIRST CITIZEN" AWARD GOES TO OMAHA DENTIST

Distinguished as a leader in many civic activities, Doctor Arlo M. Dunn, professor of orthodontia at Creighton University, was named recently as the first Omaha citizen to receive the annual Junior Chamber of Commerce distinguished service award for a young man under 35. Formed in the shape of a gold key, it bears the inscription, "Distinguished Service Award, United States Junior Chamber of Commerce."

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LOOKS TO NEW DEAL TO AID DENTISTS

Expressing the opinion that President's Roosevelt's plan of the greatest good for the greatest number will directly benefit the medical and dental fields, Doctor Herbert E. Phillips, of

Chicago, in a talk before the Cleveland Dental Society at its annual March clinic in Cleveland, Ohio, predicted that the day is not far distant when persons in low income brackets will contribute regularly to a fund to provide themselves with medical and dental care.

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HEALTH INSURANCE RACKETEERS CONVICTED

A vicious type of racket was uncovered in Oakland, California when Harry Kramer, head of a health insurance company, was sentenced to two years in San Quentin and fined $5,000 for selling fake insurance. At the same time one of his salesmen, E. L. Knotts, was given ten months in the Alameda County jail and fined $200.

Working on the principle, "After you sell a man, forget him," expressed in a letter to one of his salesmen, Kramer and his associates were reported to have sold 2,500 "policies" in the last three years and to have paid total claims amounting to no more than $71.05.

Aroused by the exposé of Kramer's activities, the district attorney's office and the State Dental Board have stepped into the fraudulent health insurance situation in an effort to rid California of fake companies and formulate a legislative program to control the issuing of health insurance.

Activities of five dentists in connection with the life insurance companies have been investigated by the Dental Board with a view to revoking their licenses if the evidence justifies such action. One dentist was found to be operating his own company with a large staff of promoters. Two are accused of having been affiliated with fraudulent concerns and practicing under fictitious names.

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ATTACKS DENTAL "SECRECY BILL"

Professing much concern over a bill designed to regulate the methods and practices of dentists and dental hygienists in Massachusetts, an editorial writer in the Boston *Herald* says in part:

"If this bill does tend, in fact, to protect the public against misleading advertising, false claims, false price quotations, or other harmful acts, the bill has merit.

"But if it is a bill to prevent information getting to the public, it should be killed. The bill would forbid, among other things, the advertising of fixed prices for professional services and materials.

"Why the effort to keep this information from the public?"

Denying that his attitude is influenced by the fact that advertising is attacked, the writer concludes:

"The question we ask is: is this bill devised for the public benefit or for the benefit of the persons behind it? Do they find competition with advertised prices too keen?"

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

"Who's that talkative woman over there?"

"My wife."

"Sorry. My mistake."

"No. Mine."

Mother: "Well, son, what have you been doing all afternoon?"

Son: "Shooting craps, Mother."

Mother: "That must stop. Those little things have just as much right to live as you have."

Professor: "Wake that fellow, next to you, will you?"

Student: "Aw, do it yourself; you put him to sleep."

Hobo: "Boss, will you give me a dime for a sandwich?"

Gent: "Let's see the sandwich."

A little, weak-looking man had applied to the foreman of a stevedore gang for a job. He was insistent, so finally the foreman put him to work loading 300-pound anvils in the hold of the ship.

All went well for a while, but suddenly a splash was heard and somebody cried for help. Running to the gangplank the foreman looked over the side and saw the little man he had hired bobbing up and down in the water.

"What's the matter, Shorty, can't you swim?" asked the foreman.

"Sure," came the reply. "I can swim all right but if you don't throw me a rope I'll have to drop this anvil."

Student: "What will it cost me to have my car fixed?"

Garageman: "What's the matter with it?"

Student: "I don't know."

Garageman: "Fifty-two dollars and sixty cents."

"Your father looks very distinguished with his snow-white hair!" said the elderly man.

"Ah, yes," agreed the wild son proudly. "He's got me to thank for that."

Girlie: "I have been told I have the teeth of a beautiful woman."

Curlie: "Why don't you wear 'em?"

Little Girl: "I wonder why they say 'Amen' and not 'Awomen.'"

Her Brother: "Because they sing hymns and not hers, stupid."

"I'm glad the world is filled with sunshine."

"An optimist, eh?"

"No, an awning manufacturer."

Mary (five years old): "Mother, are all nurses wild at one time?"

Mother: "Why dear, what do you mean?"

Mary: "I just heard you say Miss Miller was a trained nurse."

1/c: "Why does the whistle blow for a fire?"

4/c: "It doesn't blow for the fire, it blows for water. They've got the fire."